Complete

Complete

Compliance Systems > Outside Activities (1461) > 2009 - 2010

This report is currently: COMPLETE

See instructions below...

Annual Report of Outside Activities (1461) 2009 - 2010 Academic Year

OPTIONS	MODIFY this Report	Admin	Need HELP?
Go Back			
GO BACK [Na	vigates back to all repor	ts]	
Logout			
Close this bro	wser window to logout.		

The Activities below have been added to this report.				
■ Name	State			
Commission for the Conservation of Southern Bluefin Tuna	Complete			
Fish America Foundation	Complete			
Kronick Moskovitz Tiedmann & Girard	Complete			

Stoel Rives

Tavel Certification

Outside Activities for this Academic Year

Compliance Systems > Outside Activities (1461) > 2008 - 2009

This report is currently: COMPLETE

See instructions below...

Annual Report of Outside Activities (1461) 2008 - 2009 Academic Year

OPTIONS	MODIFY this Report	Admin	Need HELP?
Go Back			
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Logout			
Close this bro	wser window to logout.	······································	

Outside Activities for this Academic Year

The Activities below have been added to this report.

■ Name	State
California Fisheries Coalition	Complete
Commission for the Conservation of Southern Bluefin Tuna	Complete
FishAmerica Foundation	Complete
R2 USA	Complete
Stratus Consulting	Complete
Tavel Certification	Complete

Compliance Systems > Outside Activities (1461) > 2007 - 2008

This report is currently: COMPLETE

See instructions below...

Annual Report of Outside Activities (1461) 2007 - 2008 Academic Year

OPTIONS	MODIFY this Report	Admin	Need HELP?
Go Back		•	
GO BACK [Na	vigates back to all repor	ts]	
Logout			
Close this bro	wser window to logout.		

Outside Activities for this Academic Year

The Activities below have been added to this report.

■ Name	State
Commissioni for the Conservation of Southern Bluefin tuna	Complete
FishAmerican Foundation	Complete
R2 USA	Complete
Science, Engineering and the Environment LLC	Complete
The Alliance of Communities for Sustainable Fisheries	Complete

Compliance Systems > Outside Activities (1461) > 2006 - 2007

This report is currently: COMPLETE

See instructions below...

Annual Report of Outside Activities (1461) 2006 - 2007 Academic Year

OPTIONS	MODIFY this Report	Admin	Need HELP?
Go Back			
GO BACK [Na	vigates back to all repor	ts]	
Logout			
Close this bro	wser window to logout.		

Outside Activities for this Academic Year
The Activities below have been added to this

report.

Name State

Commission for the conservation of southern bluefin tuna

Exxon Complete

Muckelshoot Indian Tribe Complete

San Diego Watermans Association Complete

Compliance Systems > Outside Activities (1461) > 2005 - 2006

This report is currently: COMPLETE

See instructions below...

Annual Report of Outside Activities (1461) 2005 - 2006 Academic Year

OPTIONS	MODIFY this Report	Admin	Need HELP?	Outside Activities for this Academic Year The Activities below have been added to this report.		
Go Back	vigates back to all repor	+-1				
	vigates back to all repor	tsj		■ Name	State	
Logout		California Fisheries Coalition	Complete			
Close this bro	wser window to logout.			Exxon	Complete	

Complete

Compliance Systems > Outside Activities (1461) > 2004 - 2005

This report is currently: **COMPLETE**

See instructions below...

Annual Report of Outside Activities (1461) 2004 - 2005 Academic Year

OPTIONS	MODIFY this Report	Admin	Need HELP?	Outside Activities for this Aca	demic Year
Go Back GO BACK [Navigates back to all reports]			The Activities below have been added to this report.		
Logout Close this browser window to logout.			■ Name	State	
		Atlantic States Marine Fisheries Commission	Complete		
				Bue Consultina	Complete

The Activities below have been added to this report.				
■ Name	State			
Atlantic States Marine Fisheries Commission	Complete			
Bue Consulting	Complete			
Commission for the Conservation of Southern Bluefin tuna	Complete			

Scientific Certification Systems

Reported

Reported

Compliance Systems > Outside Activities (1461) > 2003 - 2004

This report is currently: COMPLETE

See instructions below...

Annual Report of Outside Activities (1461) 2003 - 2004 Academic Year

OPTIONS	MODIFY this Report	Admin	Need HELP?	
Go Back				
GO BACK [Nav	vigates back to all repor	ts]		
Logout				
Close this bro	wser window to logout.			

The Activities below have been added to this report. Name State BC Underwater Harvesters Association Reported Canadian Sablefish Association Reported Commission for the Conservation of Southern Bluefin Tuna Reported

Muckelshoot Indian Tribe

O'Melveney & Myers LLP

Outside Activities for this Academic Year

TO BE COMPLETED BY TI	HE APPLICANT:	(2) 5()		(2) March II
(1) Last Name Hilborn		(2) First Name Ray		(3) Middle Initial
(4) Employee ID (not SSN)	(5) Campus Box #	(6) UW E-Mail		
866-007-575	355020	rayh@u		RECEIVED
(7) Job Class Code (optional)	(8) Job Title (Faculty Rank		· · · · · · · · · · · · · · · · · · ·	- COULVEL
(7) JOB Class Code (optional)	Professor	<u> </u>		JUN 1 5 2010
(9) Department/Program (if applic		(10) College/School/Camp	us	2014 1 9 ZUI
Aquatic and Fishery Sciences		Ocean and Fishery Sci		Academic HIP
(11) FTE Appointment (if part time		(12) Service Peri		- Arauemic HR
✓ Full Time or Part Time	%		r 12 months	
(13) Organization Name				
Commission for the Conserv	ation of Southern Bluefin T	una		
(14) Type of Organization (select	one)			
Private: For-Profit	Private: Not-For-Profit	✓ Public: Federal	Public: State	Public: Local
(15) Category of Activity (check a	ll that apply)			
Professional/Private Practice	Performing Arts Co	onsultantSpeakerE	Board Member Edito	or Expert Witness
	ation 🗹 Scientific/Technical/Exp		Other:	
(16) Period of Work (date range s			(17) Number of Days Red	quested for Activity
From (mm/dd/yyyy): 09/01/2010		: 06/30/2011	09	
(18) Provide a brief abstract of the				
Attend meetings and review	scientific advice		•	
(19-28) Answer Yes or No for ea (19a)Yes ✓ No Do you, y				
	the work is to be performed?	, or your children have an own	eramp or deeper involven	Terre with the organization
(20a) Yes <u>√</u> No Do you, y		, or your children hold a mana	gement position with the	organization for which the
work is to (21a) Yes ✓ No Do you, y	o be performed?		s the engains day to day s	anavations of the
organizati		, or your ciliaren participate ii	i the ongoing day-to-day o	peracions of the
(22a) Yes ✓ No Do you,) (23a) Yes ✓ No Will this :	our spouse or significant other	, or your children have a conti	nuing advisory role with th	ne organization?
(23a) Yes ✓ No Will this:	activity result in the transfer or	use of technology, information	or other intellectual prop	perty developed at the
(24a) Yes ✓ No Will this	y of Washington that is not pub activity result in the transfer or		atabases, inventions or oth	her intellectual property
not yet di	isclosed to the University of Wa	ashington?		
(25a) _ Yes ✓ No Will this a	activity result in the transfer or	use of intellectual property ob	ligated or licensed to anot	her entity?
(26a) Yes No Will you	receive or do you anticipate rec activity require that you conduc	eiving research funding from the criginal research?	ne organization!	
(27a)Yes ∡ No Will this a (28a)Yes ∡ No Will Univ			ees, students or other res	ources be used?
		Signafui		
4JLNC 2010	17AY H.150,76	160	i XXX	
	IE DEPARTMENT CHAIR			
(30) Evaluation of Request by Dep				
Recommended	Not Recommended		Policy (Sec. 5), Approval	Not Required
	artment Chair/Program Directo	r (print) Signatur	<u>e</u>	
6/10/2010 De	Smy Heustons	-13 and	Lante	
TO BE COMPLETED BY TH (32) Evaluation of Request by Dear				· •
Recommended	Not Recommended	Excluded from	Policy (Sec. 7), Approval	Not Required
	/Chancellor (print)	Signatur		140t Required
7 7 7		1/1/1/	Karling.	1
TO BE COMPLETED BY AC	NNIS HARTMAN ADEMIC HUMAN RESOU	UNICES:	4 (many men	
(34) Evaluation of Request by Acad				
Review Required by the Provo		Required by the Provost		
(35) Evaluation of Request by the F			· · · · · · · · · · · · · · · · · · ·	
Recommended	Not Recommended	Excluded from	Policy (Sec. 5), Approval 1	Not Required
	emic Human Resources/Provost			
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Rev. 3 June 2005: supercedes UW Form 146	<u> </u>	· · · · · · · · · · · · · · · · · · ·	/////	

TO BE COMPLETED BY 1 (1) Last Name	THE APPLICANT:	(2) First Name	(3) Middle Initial
Hilborn		Ray	W
(4) Employee ID (not SSN)	(5) Campus Box #	(6) UW E-Mail	
866-007-575	355020	rayh@u	RECEIVE
(7) Job Class Code (optional).	(8) Job Title (Faculty Rank	()	- INDUSTITE
	Professor		IIIAL & > OCAC
(9) Department/Program (if app	licable)	(10) College/School/Campus	JUN 1 :5 201(
Aquatic and Fishery Science	es	Ocean and Fishery Sciences	A 1
(11) FTE Appointment (if part tir	ne, indicate percentage)	(12) Service Period	Academie H
✓ Full Time or Part Time	e %	✓ 9 months or 12 months	nths
(13) Organization Name			
San Luis Delta Mendota Wa	nter District		
(14) Type of Organization (select	t one)		
Private: For-Profit	Private: Not-For-Profit	Public: Federal Public	State
(15) Category of Activity (check	all that apply)		
Professional/Private Practice	Performing Arts C	onsultantSpeakerBoard Membe	er Editor Expert Witness
	cation Scientific/Technical/Ex		
(16) Period of Work (date range			r of Days Requested for Activity
From (mm/dd/yyyy): 07/01/201	To (mm/dd/yyyy): 06/30/2011 10	
(18) Provide a brief abstract of t			
Evaluate status of delta sme	It and chinook salmon in Ca	lifornia	
		'es to any question, you must provide additi r, or your children have an ownership or de	
	th the work is to be performed?		eper involvement with the organization
		r, or your children hold a management posit	ion with the organization for which the
work is	to be performed?		
		r, or your children participate in the ongoing	day-to-day operations of the
organiza (22a) Yes ✓ No Do you		r, or your children have a continuing advisor	y role with the organization?
		use of technology, information or other int	
Universi	ity of Washington that is not pub	olicly available?	
		use of discoveries, software, databases, inve	entions or other intellectual property
not yet (25a) Yes ✓ No Will this	disclosed to the University of W sactivity result in the transfer or	asnington: use of intellectual property obligated or lice	ensed to another entity?
(26a) Yes ✓ No Will you	receive or do you anticipate re	ceiving research funding from the organization	on?
(27a) Yes / No Will this	activity require that you conduc	ct original research?	
(28a)Yes ✓ No Will Uni	iversity of Washington facilities,	equipment, computers, employees, students	or other resources be used?
1/ 10		Signature	<i>t</i> =
4 JUNE ZOIL P	BY HIBON	Kay MU	
		R/PROGRAM DIRECTOR: J or (select one, see instructions for more informa-	ntion)
Recommended	Not Recommended		5), Approval Not Required
	partment Chair/Program Directo		3), Approval Not Required
11 00-10	2 1 1 0 2 2	Signature Common	
TO BE COMPLETED BY T	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
(32) Evaluation of Request by De		•	_
Recommended	Not Recommended	Excluded from Policy (Sec.	5). Approval Not Required
	in/Chancellor (print)	Signature	
6/11/2010	Ville La M		INIS HARTMANN
TO BE COMPLETED BY A	CADEMIC HUMAN RESOL		- 11, F1 = 0+10.
(34) Evaluation of Request by Aca			
Review Required by the Prov		Required by the Provost	
35) Evaluation of Request by the			
Recommended	Not Recommended	Excluded from Policy (Sec.	5), Approval Not Required
	demic Human Resources/Provos		
12/30/2010	Fruta Davis	MILTINA	
Rev. 3 June 2005; supercedes UW Form 14		y variately	

(1) Last Name		(2) First Name		(3) Middle Initial
Hilborn		Ray		W
(4) Employee ID (not SSN)	(5) Campus Box #	(6) UW E-Mail		
866-007-575	355020	rayh@u		RECEIVED
<u></u>	(8) Job Title (Faculty Rank			NECLIVILL
	Professor			11111 4 - 0040
(9) Department/Program (if applicable)		(10) College/School/Cam	pus	JUN 1 5 2010
Aquatic and Fishery Sciences		Ocean and Fishery Sc	iences	
(11) FTE Appointment (if part time, indic	ate percentage)	(12) Service Per		Academic HR
✓ Full Time or Part Time	%	✓ 9 months	or 12 months	
(13) Organization Name				
Food and Agriculture Organizatio	n of the United Natio	ns		
(14) Type of Organization (select one)				
Private: For-Profit Private	te: Not-For-Profit	✓ Public: Federal	Public: State	Public: Local
(15) Category of Activity (check all that	apply)			
Professional/Private Practice			Board Member Edi	tor Expert Witness
Professional/Continuing Education			Other:	
(16) Period of Work (date range should)	fall within one academic ye	ar, 7/1-6/30)	(17) Number of Days R	equested for Activity
From (mm/dd/yyyy): 07/01/2010	To (mm/dd/yyyy	y): 06/30/2011	05	
(18) Provide a brief abstract of the activ				
Evalute stock status of Bay of Beng	al fisheries and atten	d meeting		
(10.20) A		·		
(19-28) Answer Yes or No for each que (19a) Yes ✓ No Do you, your s	stion. If you answered to	res to any question, you must p r. or your children have an ow	provide additional docum nership or deeper involve	entation on the next page. Ement with the organization
	ork is to be performed?			
(20a) _ Yes ✓ No Do you, your s		r, or your children hold a mana	agement position with the	e organization for which the
work is to be p (21a) Yes ✓ No Do you, your s		u ou vous children nomicinate i	in abo anastra dell'arida.	
organization?	odse or significant oute	r, or your children participate	in the origonig day-to-day	operations of the
(22a) _ Yes ✓ No Do you, your s	oouse or significant other	r, or your children have a cont	inuing advisory role with	the organization?
(23a) Yes ✓ No Will this activity			n or other intellectual pro	operty developed at the
(24a) Yes ✓ No Will this activity	ashington that is not pub result in the transfer or		databases inventions or o	ther intellectual property
	d to the University of W		samouses, inventions or o	aler intellectual property
(25a)Yes ✓ No Will this activity	result in the transfer or	use of intellectual property of	oligated or licensed to and	other entity?
(26a) Yes ✓ No Will you receive	e or do you anticipate re	ceiving research funding from t	the organization?	
(27a) Yes ✓ No Will this activity			, i	
(28a) Yes ✓ No Will University (29a) Date Applicant (c , '		sources be used?
		Signatu	n held	
4 Jun 2010 Pay It	DARTMENT CHAIR	PAROCRAM DIRECTOR	3 NOC -	
(30) Evaluation of Request by Departmen				
Recommended	Not Recommended		n Policy (Sec. 5), Approva	I Not Required
- 	t Chair/Program Directo			
6/10/2010 David	d Armshone			
TO BE COMPLETED BY THE DE	AN/CHANCE LOR	:	Was I	
(32) Evaluation of Request by Dean/Char	cellor (select one)			
<u>✓ Recommended</u>	Not Recommended	Excluded from	n Policy (Sec. 5) Approya	l Not Required
(33) Date Dean/Chan	cellor (print)	Signatur	re PH	
6/11/2010 DENN	15 HARTMA	NN X DULL	s h sauwe	
TO BE COMPLETED BY ACADE				
34) Evaluation of Request by Academic I			·	
Review Required by the Provost 35) Evaluation of Request by the Provos		Required by the Provost		
Recommended	Not Recommended	F	D-line (Co. 5) A	I NI - D (1
	_ Not Recommended luman Resources/Provos		Policy (Sec. 5), Approval	Not Kequired
0/30/2010 Callo	Dans	I I I I I I I	h-	7
lev. 3 June 2005; supercedes UW Form 1460	1000	- MWW 1	' J	

TO BE COMPLETE (1) Last Name	D BY THE AP	PLICANT:	(2) First	Name			(3) Middle Initial
Hilborn			Ray				W
(4) Employee ID (not SS	N) (5) Campus Box #	(6) UW 1	E-Mail			
866-007-575		55020	rayh@ı				RECEIVE
(7) Job Class Code (opti	onal) (8) Job Title (Faculty	Rank)				
		rofessor					JUN 1 5 2010
(9) Department/Program	n (if applicable)		(10) Coll	ege/School/Campu	s		
Aquatic and Fishery	Sciences		Ocean	and Fishery Scie	nces	\mathbf{A}	cademic HI
(11) FTE Appointment	if part time, indicat	e percentage)		(12) Service Perio	d		
✓ Full Time or _ F	art Time	%		✓ 9 months or	12 months		
(13) Organization Name							
International Counc		ation of the Seas	(ICES)				
(14) Type of Organization	on (select one)						
Private: For-Profit		e: Not-For-Profit	<u>✓</u> Public	: Federal	Public: Stat	e	Public: Local
(15) Category of Activit					 		
Professional/Private					oard Member	Editor	Expert Witness
✓ Professional/Contin					Other:		
(16) Period of Work (do					17) Number of	Days Request	ted for Activity
From (mm/dd/yyyy): 07			/yyyy): 06/30/201		05 		
(18) Provide a brief abst			<u> </u>				
Give lectures in fishe	ries population	dynamics					
(20a) _Yes ✓ No (21a) _Yes ✓ No (22a) _Yes ✓ No (23a) _Yes ✓ No (24a) _Yes ✓ No (25a) _Yes ✓ No (26a) _Yes ✓ No (27a) _Yes ✓ No (28a) _Yes ✓ No (29a) Date ✓ TO BE COMPLETER (30) Evaluation of Reque	Do you, your spot for which the wo Do you, your spot work is to be per Do you, your spot organization? Do you, your spot Will this activity of Wa Will this activity of Will this activity of Will you received Will this activity of Will you received Will this activity of Will University of Applicant (property of Applicant	buse or significant of the control o	other, or your child ned? other, or your child other, or your child other, or your child or or use of technol publicly available! or or use of discover of Washington? or use of intelled e receiving research nduct original research nduct original research nector (select one,	dren have an owner dren hold a manage dren participate in dren have a continuology, information deries, software, date tual property oblight funding from the earch? mputers, employee Signature M DIRECTORS see instructions for a Excluded from	ement position verthe ongoing day using advisory role or other intellectabases, invention gated or licensed or organization? es, students or other information) Policy (Sec. 5), A	involvement with the organ -to-day opera le with the or tual property ons or other in d to another o other resource	with the organization inization for which the organization of the organization? In developed at the ontellectual property entity?
(31) Date			ector (print)	Signature	1		
6/10/2010		IrmShOn Q N/CHANCELL	OP:	- Damt	unto	_	
(32) Evaluation of Reques		_	UK:	`	_		
Recommended	-	Not Recommende		Evaluded from 1	Policy (Sec. 5), A	annoval Alot	Paguirod
(33) Date	Dear Chance			Sgrature		ppi ovagi voc	rrequired
6/11/200	EAL	71	00 0 4 4 A A	1/1111	1 la Mar	.//	
TO BE COMPLETED	BY ACADEM		MANN SOURCES:	Alle	1 Desta		
(34) Evaluation of Reques							
Review Required by			Not Required by th	ne Provost			
(35) Evaluation of Reques							
Recommended		Not Recommende		Excluded from F	Policy (Sec. 5) A	pproval No+	Required
(36) Date		man Resources/Pro		Şignature		-p. 5.4.140t	
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	() (V)						



(1) Last Name	LAITEICANT.	(2) First Name		(3) Middle Initial
Hilborn		Ray		W
(4) Employee ID (not SSN)	(5) Campus Box #	(6) UW E-Mail		
866-007-575	355020	rayh@u		RECEIVED
(7) Job Class Code (optional)	(8) Job Title (Faculty Ra	ink)		
	Professor			SEP 1 5 2009
(9) Department/Program (if applicab	ole)	(10) College/School/Cam	pus	Act [0 (00)
Aquatic and Fishery Sciences		Ocean and Fishery Se	iences	Academic HR
(11) FTE Appointment (if part time, i	indicate percentage)	(12) Service Pe	riod	Academic DK
✓ Full Time or Part Time	%	✓ 9 months	or 12 months	
(13) Organization Name				
Commission for the Conservati	ion of Southern Bluefin	Tuna		·····
(14) Type of Organization (select one				
Private: For-Profit F	Private: Not-For-Profit	✓ Public: Federal	Public: State	Public: Local
(15) Category of Activity (check all the			- 	
Professional/Private Practice				itor Expert Witness
Professional/Continuing Education			Other:	
(16) Period of Work (date range show			(17) Number of Days P	equested for Activity
From (mm/dd/yyyy): 09/01/2009		yy): 06/30/2010	09	
(18) Provide a brief abstract of the a				
Attend meetings and review sci	ientific advice			
(10.20)	16	V		
(19-28) Answer Yes or No for each (19a) Yes ✓ No Do you, you	question. If you answered	tes to any question, you must ser, or your children have an ow	provide additional docum	entation on the next page.
	ne work is to be performed		mership or deeper involv	Silient with the organization
(20a) _ Yes ✓ No Do you, you			agement position with th	e organization for which th
work is to b	pe performed?			
(21a)Yes ✓ No Do you, you organization		ier, or your children participate	in the ongoing day-to-day	operations of the
(22a) Yes ✓ No Do you, you	ur spouse or significant oth	er, or your children have a cont	inuing advisory role with	the organization?
(23a) Yes V No Will this act	tivity result in the transfer o	or use of technology, informatio	n or other intellectual pr	operty developed at the
	of Washington that is not p			
(24a)Yes ✓ No Will this act	civity result in the transfer of No.		databases, inventions or o	other intellectual property
(25a) Yes ✓ No Will this act			bligated or licensed to an	other entity?
(26a) Yes 🗸 No Will you red	ceive or do you anticipate i	receiving research funding from		
(27a) Yes V No Will this act	ivity require that you cond	uct original research?	_	
(28a) Yes ✓ No Will Univers		s, equipment, computers, emplo		
(29a) Date Applica	int (print)			esources be used?
31 Hy 2001	10 1	Signati		esources be used?
TO BE COMPLETED BY THE	Ray HILIZAR	Signati		esources be used?
• • • • • • • • • • • • • • • • • • • •	DEPARTMENT CHA	Signatu IR/PROGRAM DIRECTOR	are A: //	esources be used?
(30) Evaluation of Request by Depart	DEPARTMENT CHA tment Chair/Program Direc	Signatu IR/PROGRAM DIRECTOR tor (select one, see instructions fo	are R: r more information)	
(30) Evaluation of Request by Depart Recommended	DEPARTMENT CHA tment Chair/Program Direc Not Recommended	Signature IR/PROGRAM DIRECTOR tor (select one, see instructions for	R: r more information) m Policy (Sec. 5), Approv	
(30) Evaluation of Request by Depart Recommended (31) Date Depart	DEPARTMENT CHA tment Chair/Program Direc Not Recommended ment Chair/Program Direc	IR/PROGRAM DIRECTOR tor (select one, see instructions for Excluded from tor (print) Signary	R: r more information) m Policy (Sec. 5), Approv	
(30) Evaluation of Request by Depart Recommended (31) Date Depart	DEPARTMENT CHA tment Chair/Program Direct Not Recommended ment Chair/Program Direct DOUGLE AMS	Signature IR/PROGRAM DIRECTOR Excluded from tor (print) Signature Signature Signature Signature	R: r more information) m Policy (Sec. 5), Approv	
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(30) Evaluation of Request by Depart Recommended (31) Date Depart TO BE COMPLETED BY THE (32) Evaluation of Request by Dean/O	DEPARTMENT CHA tment Chair/Program Direct Not Recommended ment Chair/Program Direct DEAN/CHANCELLO Chancellor (select one)	Signature IR/PROGRAM DIRECTOR tor (select one, see instructions for Excluded from Signature) Tor (print) Signature R:	r more information) m Policy (Sec. 5), Approv.	al Not Required
(30) Evaluation of Request by Depart Recommended (31) Date Depart TO BE COMPLETED BY THE (32) Evaluation of Request by Dean/C	DEPARTMENT CHA tment Chair/Program Direct Not Recommended ment Chair/Program Direct DEAN/CHANCELLO Chancellor (select one) Not Recommended	Signature IR/PROGRAM DIRECTOR Excluded from Excluded from Excluded from Excluded from	m Policy (Sec. 5), Approve	al Not Required
(30) Evaluation of Request by Depart Recommended (31) Date Depart OP 0309 I TO BE COMPLETED BY THE (32) Evaluation of Request by Dean/O X Recommended (33) Date Dean/O	DEPARTMENT CHA tment Chair/Program Direct Not Recommended ment Chair/Program Direct DEAN/CHANCELLO Chancellor (select one) Not Recommended Chancellor (print)	Signature IR/PROGRAM DIRECTOR Excluded from Signature Excluded from Excluded from Signature Excluded from Signature Signature Signature Signature Signature Signature Signature Signature Signature	m Policy (Sec. 5), Approve	al Not Required
(30) Evaluation of Request by Depart Recommended (31) Date Depart OP OP OP TO BE COMPLETED BY THE (32) Evaluation of Request by Dean/C X Recommended (33) Date Dean/C	DEPARTMENT CHA tment Chair/Program Direct Not Recommended ment Chair/Program Direct DEAN/CHANCELLO Chancellor (select one) Not Recommended Chancellor (print) AVHIW R.M.	Signature Signat	m Policy (Sec. 5), Approve	al Not Required
(30) Evaluation of Request by Depart Recommended (31) Date Depart OP OP OP OP TO BE COMPLETED BY THE (32) Evaluation of Request by Dean/C X Recommended (33) Date Dean/C OP OP TO BE COMPLETED BY ACAI	DEPARTMENT CHA tment Chair/Program Direct Not Recommended ment Chair/Program Direct DEAN/CHANCELLO Chancellor (select one) Not Recommended Chancellor (print) AVHUW R.M. DEMIC HUMAN RESC	Signature Signat	m Policy (Sec. 5), Approve	al Not Required
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(30) Evaluation of Request by Depart Recommended (31) Date Depart TO BE COMPLETED BY THE (32) Evaluation of Request by Dean/C X Recommended (33) Date Dean/C TO BE COMPLETED BY ACAI (34) Evaluation of Request by Academ Review Required by the Provost	DEPARTMENT CHA tment Chair/Program Direct Not Recommended ment Chair/Program Direct DEAN/CHANCELLO Chancellor (select one) Not Recommended Chancellor (print) AHW R.M. DEMIC HUMAN RESC nic Human Resources (select X Review No	Signature Signature	m Policy (Sec. 5), Approve	al Not Required
(30) Evaluation of Request by Depart Recommended (31) Date Depart TO BE COMPLETED BY THE (32) Evaluation of Request by Dean/C Recommended (33) Date Dean/C TO BE COMPLETED BY ACAI (34) Evaluation of Request by Academ Review Required by the Provost (35) Evaluation of Request by the Pro	DEPARTMENT CHA tment Chair/Program Direct Not Recommended ment Chair/Program Direct DEAN/CHANCELLO Chancellor (select one) Not Recommended Chancellor (print) ATMORPHIC HUMAN RESC Thic Human Resources (select X Review Not expost (if necessary, select one)	Signature Signat	m Policy (Sec. 5), Approve	al Not Required
(30) Evaluation of Request by Depart Recommended (31) Date Depart OP O OP TO BE COMPLETED BY THE (32) Evaluation of Request by Dean/C X Recommended (33) Date Dean/C TO BE COMPLETED BY ACAI (34) Evaluation of Request by Academ Review Required by the Provost (35) Evaluation of Request by the Pro	DEPARTMENT CHA tment Chair/Program Direct Not Recommended ment Chair/Program Direct DEAN/CHANCELLO Chancellor (select one) Not Recommended Chancellor (print) AVHUW R.M. DEMIC HUMAN RESC INCHIC	Excluded from Excluded from Excluded from Excluded from Signature Excluded from Signature Excluded from Signature Excluded from Signature Excluded from Excluded from Excluded from Excluded from Excluded from	n Policy (Sec. 5), Approve	al Not Required
(30) Evaluation of Request by Depart Recommended (31) Date Depart TO BE COMPLETED BY THE (32) Evaluation of Request by Dean/C X Recommended (33) Date Dean/C TO BE COMPLETED BY ACAI (34) Evaluation of Request by Academ Review Required by the Provost (35) Evaluation of Request by the Pro Recommended (36) Date Academ	DEPARTMENT CHA tment Chair/Program Direct Not Recommended ment Chair/Program Direct DEAN/CHANCELLO Chancellor (select one) Not Recommended Chancellor (print) ATMORPHIC HUMAN RESC Thic Human Resources (select X Review Not expost (if necessary, select one)	Signature Excluded from Signature Si	n Policy (Sec. 5), Approve	al Not Required

TO BE COMPLETED BY THE APPLICANT	T: (13b) Organization Name
(1b) Last Name Hilborn	Commission for the Conservation of Southern Bluefin Tuna
	our children have an ownership or deeper involvement with the organization for which the
work is to be performed? If YES, please describe the	e relationship, including the percentage of the organization owned and its approximate value.
NO	
•	
(20h) Do you your spouse or significant other or yo	our children hold a management position with the organization for which the work is to be
performed? If YES, please describe the position.	sar children hold a management position with the organization to which the be
no	·
Į.	
(21b) Do you, your spouse or significant other, or you describe this participation.	our children participate in the ongoing day-to-day operations of the organization? If YES, pleas
no	
(22b) Do you, your spouse or significant other, or you role.	our children have a continuing advisory role with the organization? If YES, please describe this
no	
(23b) Will this activity result in the transfer or use of	f technology, information or other intellectual property developed at the University of
Washington that is not publicly available? If YES, plea	ise explain.
no	
	f discoveries, software, databases, inventions or other intellectual property not yet disclosed to
the University of Washington? If YES, please explain.	
no	
(25b) Will this activity result in the transfer or use of	intellectual property obligated or licensed to another entity? If YES, please explain.
no	
} .	
(24h) Will you receive or do you anticipate receiving	research funding from the organization? If YES, please explain.
no	research funding from the organization. If 163, please explain.
(27b) Will this activity require that you conduct origin	nal research? If YES, please explain.
no	
	•
(28b) Will University of Washington facilities, equipm	ent, computers, employees, students or other resources be used? If YES, please explain.
no	
	•
(201) Addition 1 in factor 1 in	20
(29b) Additional information or details from Items 18-	· <u> </u>
Rev. 3 June 2005; supercedes UW Form 1460	

(1) Last Name Hilborn (4) Employee ID (not SSN) 866-007-575 (7) Job Class Code (optional)		(2) First Name		
(4) Employee ID (not SSN) 866-007-575		0		(3) Middle Initial
866-007-575	(5) Canada Bay #	Ray		
	(5) Campus Box # 355020	(6) UW E-Mail rayh@u		RECEIVED
(7) Job Class Code (opdotion)	(8) Job Title (Faculty Rar		· ·	THE COLUMN TO TH
1	Professor	<u>'\'</u>		SEP 15 2009
(9) Department/Program (if applicable		(10) College/School/Cam	Dils	OLI [] 2003
Aquatic and Fishery Sciences	9	Ocean and Fishery Sc		Acadami, IID
(11) FTE Appointment (if part time, in	dicate hercentage)	(12) Service Per		Academic HR
✓ Full Time or Part Time	%	✓ 9 months		
(13) Organization Name		<u>▼</u> / monais c	12 111011113	
FishAmerican Foundation				
(14) Type of Organization (select one)				
	rivate: Not-For-Profit	Public: Federal	Public: State	Public: Local
(15) Category of Activity (check all the				
Professional/Private Practice		Consultant Speaker	Board Member E	Editor Expert Witness
Professional/Continuing Educatio				·
(16) Period of Work (date range should				Requested for Activity
From (mm/dd/yyyy): 09/01/2009		y): 06/30/2010	01	
(18) Provide a brief abstract of the ac		//		
Evaluate alternative designs for i	marine protected areas	3		
(19-28) Answer Yes or No for each of				
(19a) Yes V No Do you, your	r spouse or significant othe e work is to be performed		nership or deeper invo	lvement with the organizatio
(20a) Yes ✓ No Do you, your			gement position with t	the organization for which th
work is to be	e performed?			_
(21a)Yes ✓ No Do you, your		er, or your children participate i	n the ongoing day-to-d	lay operations of the
organization? (22a) Yes <u>√</u> No Do you, your	: r spouse or significant othe	er, or your children have a cont	nuing advisory role wit	th the organization?
(23a) Yes V No Will this activ	vity result in the transfer o	r use of technology, information	or other intellectual	property developed at the
	Washington that is not pu			
	vity result in the transfer o osed to the University of V			
not yet disclo		Vashington?	latabases, inventions of	r other intellectual property
(25a)Yes ✓ No Will this activ (26a)Yes ✓ No Will you rece	vity result in the transfer o eive or do you anticipate re	r use of intellectual property ob eceiving research funding from t	oligated or licensed to a	
(25a) _ Yes	vity result in the transfer o eive or do you anticipate ro vity require that you condu	r use of intellectual property of eceiving research funding from t act original research?	oligated or licensed to a he organization?	another entity?
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(25a) _ Yes No Will this active (26a) _ Yes No Will you rece (27a) _ Yes No Will you rece (27a) _ Yes No Will this active (28a) _ Yes No Will Universi (29a) Date	vity result in the transfer of eive or do you anticipate revity require that you conduty of Washington facilities, at (print) DEPARTMENT CHAIN TO RECOMMENT CHAIN TO A RECOMMENDED AND A RECOMMENDED AND CHANCELLOR CHANCEL	r use of intellectual property of eceiving research funding from the lect original research? equipment, computers, employ Signature R/PROGRAM DIRECTOR tor (select one, see instructions for print) Excluded from or (print) Excluded from Signature	ees, students or other more information) Policy (Sec. 5), Appro	resources be used?
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(25a) _ Yes No Will this active (26a) _ Yes No Will you rece (27a) _ Yes No Will you rece (27a) _ Yes No Will you rece (28a) _ Yes No Will this active (28a) _ Yes No Will Universite (29a) Date	vity result in the transfer of eive or do you anticipate revity require that you conduty of Washington facilities, at (print) DEPARTMENT CHAINMENT CHAINMEN	r use of intellectual property of eceiving research funding from the control of the ceiving research? equipment, computers, employ Signature. R/PROGRAM DIRECTOR tor (select one, see instructions for print) Signature. Excluded from Signature. Signature. URCES: tone) Required by the Provost	ees, students or other more information) Policy (Sec. 5), Appro	resources be used?
(25a) _ Yes No Will this active (26a) _ Yes No Will you rece (27a) _ Yes No Will you rece (27a) _ Yes No Will this active (28a) _ Yes No Will University (29a) Date	vity result in the transfer of eive or do you anticipate revity require that you conduty of Washington facilities, at (print) DEPARTMENT CHAINMENT CHAINMEN	r use of intellectual property of eceiving research funding from the lection of t	ees, students or other remove information) n Policy (Sec. 5), Approximately (resources be used? oval Not Required oval Not Required
(25a) _ Yes	vity result in the transfer of eive or do you anticipate revity require that you conduty of Washington facilities, at (print) DEPARTMENT CHAINMENT CHAINMEN	r use of intellectual property of eceiving research funding from the control of the ceiving research? equipment, computers, employ Signature R/PROGRAM DIRECTOR tor (select one, see instructions for Excluded from or (print) Signature Excluded from Signature URCES: tone) Required by the Provost Excluded from Excluded from Signature	ees, students or other remove information) a Policy (Sec. 5), Approximation (resources be used? oval Not Required oval Not Required
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(1b) Last Name	(13b) Organization Name
Hilborn	FishAmerican Foundation
	your children have an ownership or deeper involvement with the organization for which the
	the relationship, including the percentage of the organization owned and its approximate value.
No	
·	
(20b) Do you, your spouse or significant other, or performed? If YES, please describe the position.	your children hold a management position with the organization for which the work is to be
no	
(21h) Do you your spause or significant other or	your children participate in the ongoing day-to-day operations of the organization? If YES, pleas
describe this participation.	your children participate in the origining day-to-day operations of the organization. In res, pleas
no	
(22h) Davis and an initial feature of the control o	your children have a continuing advisory role with the organization? If YES, please describe this
role.	your children have a continuing advisory role with the organization: If PLS, please describe this
no	
(23b) Will this activity result in the transfer or use Washington that is not publicly available? If YES, p	of technology, information or other intellectual property developed at the University of
no	icase explain.
	of discoveries, software, databases, inventions or other intellectual property not yet disclosed to
the University of Washington? If YES, please expla	in.
no	
(25b) Will this activity result in the transfer or use	of intellectual property obligated or licensed to another entity? If YES, please explain.
no	
(26b) Will you receive or do you anticipate receivir	ng research funding from the organization? If YES, please explain.
no	ig research farteling in our die organization. It view preuse explain.
•	
(27b) Will this activity require that you conduct or	ginal research? If YES, please explain.
no	
(28b) Will University of Washington facilities, equip	ment, computers, employees, students or other resources be used? If YES, please explain.
no	
(29b) Additional information or details from Items I	0.20
(276) Additional information of details from items (0-20.
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TO BE COMPLETED BY TH	IE APPLICANT:	(2) 5: 1		(2) (4) (1) (1)
(1) Last Name		(2) First Name Ray		(3) Middle Initial
Hilborn	/E) Compus Boy #	(6) UW E-Mail		
(4) Employee ID (not SSN)	(5) Campus Box #			
866-007-575	355020	rayh@u		ECEIVED -
(7) Job Class Code (optional)	(8) Job Title (Faculty Rank	<u> </u>	·	
(9) Department/Program (if applic	Professor	(10) College/School/Cam	niie	SEP 15 2009
Aquatic and Fishery Sciences		Ocean and Fishery Sc		21-1-3-71113
(11) FTE Appointment (if part time		(12) Service Per		od a allo
✓ Full Time or Part Time	%	✓ 9 months of		rademic HR
(13) Organization Name	/6	V / Holidis C	12 111011613	
Kronick Moskovitz Tiedeman	n & Girard A Law Corport:	ation		
(14) Type of Organization (solect o				
✓ Private: For-Profit	Private: Not-For-Profit	Public: Federal	Public: State	Public: Local
(15) Category of Activity (check all		T dblic. T ederal	rabile. State	rubile. Ebeai
Professional/Private Practice		insultant Speaker	Board Member Edito	or V Expert Witness
	tion Scientific/Technical/Exp			or expere vividiess
(16) Period of Work (date range sh			(17) Number of Days Re	guested for Activity
From (mm/dd/yyyy): 10/01/2009			10	1-1
(18) Provide a brief abstract of the		<u> </u>		
Evaluate status of delta smelt				
(19-28) Answer Yes or No for each				
(19a) _ Yes ✓ No Do you, y		, or your children have an ow	nership or deeper involven	nent with the organizatio
(20a) Yes ✓ No Do you, y	the work is to be performed?	or your children hold a mana	gement position with the	organization for which th
	be performed?	, -, , -, -, -, -, -, -, -, -, -, -, -,	-8	or garneactor for triffer at
(21a) _ Yes 🗹 No Do you, y		, or your children participate i	n the ongoing day-to-day o	perations of the
organization (22a) Yes ✓ No Do you, y	on?	or your children have a cont	inuina advirary rala wish sh	o organization)
(23a) $\underline{\hspace{0.1cm}}$ Yes $\underline{\overline{\hspace{0.1cm}}}$ No Will this a	ctivity result in the transfer or	use of technology, information	n or other intellectual prot	perty developed at the
University	of Washington that is not publ	licly available?		•
(24a) Yes 🗹 No Will this a			latabases, inventions or oth	ner intellectual property
not yet dis (25a)Yes _✓ No Will this a	sclosed to the University of Wa		ligated or licensed to anot	than antiny
(26a)Yes √No Will your	eceive or do you anticipate rec	eiving research funding from t	the organization?	ner endty:
(27a) 💹 Yes 🖌 No Will this a	ctivity require that you conduc-	t original research?		
(28a) Yes ∡ No Will Unive	ersity of Washington facilities, e	quipment, computers, employ		ources be used?
(29a) Date Appli	cant (print)		re	
1 1017015 121	Y HICBORN	129		
TO BE COMPLETED BY TH (30) Evaluation of Request by Depa	E DEPARTMENT CHAIR.			
Recommended	Not Recommended		n Policy (Sec. 5), Approval	Not Poquired
	rtment Chair/Program Director			Not required
09/03/09	David Armston		100	
TO BE COMPLETED BY TH	E DEAN/CHANCELLOR:		- Kanish	<u> </u>
32) Evaluation of Request by Dean				
X Recommended	Not Recommended	Excluded from	Policy (Sec. 5), Approval	Not Required
33) Date Dean/	(Chancellor (print)	Signatui		
9/14/09 A	rthur R.M. Now	ell and	10,	
TO BE COMPLETED BY ACA	ADEMIC HUMAN RESOU	RCES:		
34) Evaluation of Request by Acade	emic Human Resources (select o	ine)		· · · · · · · · · · · · · · · · · · ·
Review Required by the Provos	t Keview Not R	equired by the Provost		
35) Evaluation of Request by the Pi	rovost (if necessary, select one)			
X Recommended	Not Recommended	Excluded from	Policy (Sec. 5), Approval 1	Not Required
36) Date Acade	mic Human Resources/Provost	(print) Signatur	e	
9/15/09 Por	nelaR Ziegler	Sam	- Freder	
ev. 3 June 2005; supercedes UW Form 1460				

(1b) Last Name	(13b) Organization Name
Hilborn	Kronick Moskovitz Tiedemann & Girard A Law Corportatio
(19b) Do you, your spouse or significant other work is to be performed? If YES, please described to the performed of the performed of the performed of the performed of the performance	r, or your children have an ownership or deeper involvement with the organization for which the ibe the relationship, including the percentage of the organization owned and its approximate value.
No	
(20b) Do you, your spouse or significant other performed? If YES, please describe the position	r, or your children hold a management position with the organization for which the work is to be
no	n.
(21b) Do you, your spouse or significant other,	or your children participate in the ongoing day-to-day operations of the organization? If YES, pleas
describe this participation.	
(22b) Do you, your spouse or significant other,	or your children have a continuing advisory role with the organization? If YES, please describe this
role.	
(23b) Will this activity result in the transfer or	use of technology, information or other intellectual property developed at the University of
Washington that is not publicly available? If YES	
(24)	
the University of Washington? If YES, please ex	use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to oplain.
(25b) Will this activity result in the transfer or u	use of intellectual property obligated or licensed to another entity? If YES, please explain.
no	
(26b) Will you receive or do you anticipate rece	eiving research funding from the organization? If YES, please explain.
(27b) Will this activity require that you conduct	original research? If YES, please explain.
no	
(28b) Will University of Washington facilities, equ	uipment, computers, employees, students or other resources be used? If YES, please explain.
(29b) Additional information or details from Item	ıs 8-28.
lev. 3 June 2005; supercedes UW Form 1460	

TO BE COMPLETED BY TH	E APPLICANT:	(2) First Name		(3) Middle Initial
(I) Last Name Hilborn		(2) First Name Ray		W
(4) Employee ID (not SSN)	(5) Campus Box #	(6) UW E-Mail		
866-007-575	355020	rayh@u		DECEMEN
(7) Job Class Code (optional)	(8) Job Title (Faculty Rank			RECEIVED
(7) Job Class Code (opasilar)	Professor	/		OFB.
(9) Department/Program (if application		(10) College/School/C	ampus	SEP 15 2009
Aquatic and Fishery Sciences		Ocean and Fishery	Sciences	
(11) FTE Appointment (if part time,	indicate bercentage)	(12) Service		Academic HR
✓ Full Time orPart Time	%	√ 9 months	·	
(13) Organization Name				
Tavel Certification				
(14) Type of Organization (select or	e)			
	Private: Not-For-Profit	Public: Federal	Public: State	Public: Local
(15) Category of Activity (check all				
Professional/Private Practice		onsultant Speaker	Board Member Ed	ditor Expert Witness
Professional/Continuing Educat				
(16) Period of Work (date range sho			(17) Number of Days	Requested for Activity
From (mm/dd/yyyy): 10/01/2009	To (mm/dd/yyyy)		03	
(18) Provide a brief abstract of the				
Evaluate status of B.C. Pink an	d Chum fisheries with res	pect to MSC certification	on standards	
(19-28) Answer Yes or No for each				
(19a)Yes ✓ No Do you, yo	our spouse or significant other he work is to be performed?	r, or your children have an	ownership or deeper involv	rement with the organization
(20a) _ Yes ✓ No Do you, yo	ur spouse or significant other	, or your children hold a m	nanagement position with th	ne organization for which the
work is to (21a) Yes ✓ No Do you, yo	be performed?	or vour children participa	te in the ongoing day-to-da	y operations of the
organizatio		, or your criticipal deliparticipa	te in the originis day-to-da	y operations of the
(22a) Yes ✓ No Do you, yo	ur spouse or significant other	, or your children have a co	ontinuing advisory role with	the organization?
(23a) Yes No Will this ac	tivity result in the transfer or	use of technology, informa	ition or other intellectual p	roperty developed at the
(24a) Yes ✓ No Will this ac	of Washington that is not pub		re databases inventions or	other intellectual property
	closed to the University of W		c, databases, in remonst of	other internection property
(25a) _ Yes ✓ No Will this ac	tivity result in the transfer or	use of intellectual property		nother entity?
(26a) Yes ✓ No Will you re			m the organization?	
(27a) Yes ✓ No Will this ac (28a) Yes ✓ No Will Univer	tivity require that you conduc- sity of Washington facilities. 6	it original research! Pauloment computers emi	slovees students or other r	resources he used)
(29a) Date Applic	ant (print)	Sign	lature	ciources of diad.
(mt 2005	RAY H. La	7	$\mathcal{L}(\mathcal{L}(\mathcal{L}))$	
TO BE COMPLETED BY THE	DEPARTMENT CHAIR	PROGRAM DIRECT	br:	
(30) Evaluation of Request by Depar	tment Chair/Program Directo	or (select one, see instructions	s for more information)	<u> </u>
Recommended	Not Recommended	Excluded f	rom Policy (Sec. 5), Approv	val Not Required
	tment Chair/Program Directo	r (print) Sign	ature	
09/03/09	David Homsh	ma 2	sind light	
TO BE COMPLETED BY THE		7		
(32) Evaluation of Request by Dean/				
	Not Recommended		rom Policy (Sec. 5), Approv	/al Not Required
	Chancellor (print)		ature	<u>. </u>
9114/09		M. Nowell	Mo/ey	
TO BE COMPLETED BY ACA (34) Evaluation of Request by Acadel		·	· ·	
Review Required by the Provost		Required by the Provost		
(35) Evaluation of Request by the Pro				
★ Recommended	Not Recommended	Excluded fr	om Policy (Sec. 5), Approv	al Not Required
(36) Date Acaden	nic Human Resources/Provost	t (print) Signa	iture ,	
9/15/09 Pan	nela R. Ziegle	r ta	m-Frealer	
Rev. 3 June 2005; supercedes UW Form 1460				

(1b) Last Name	(13b) Organization Name
Hilborn	Tavel Certification
(19b) Do you, your spouse or significant o	ther, or your children have an ownership or deeper involvement with the organization for which the
No	escribe the relationship, including the percentage of the organization owned and its approximate value.
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	ther, or your children hold a management position with the organization for which the work is to be
performed? If YES, please describe the pos	ition.
(21b) Do you, your spouse or significant of describe this participation.	ther, or your children participate in the ongoing day-to-day operations of the organization? If YES, plea
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(22h) Do you your room on desiferon	
role.	her, or your children have a continuing advisory role with the organization? If YES, please describe this
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(23b) Will this activity result in the transfer	or use of technology, information or other intellectual property developed at the University of
Washington that is not publicly available? If	YES, please explain.
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(24b) Will this activity result in the transfer	or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed t
the University of Washington? If YES, please	e explain.
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(25b) Will this activity result in the transfer	or use of intellectual property obligated or licensed to another entity? If YES, please explain.
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(26b) Will you receive or do you anticipate	receiving research funding from the organization? If YES, please explain.
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(27b) Will this activity require that you cond	luct original research? If YES, please explain.
no	decongniar research. If res, please explain.
28h) Will I Iniversity of Washington facilities	
10	, equipment, computers, employees, students or other resources be used? If YES, please explain.
206) Addis 11 (
29b) Additional information or details from	tems 18-28.
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Rev. 3 June 2005; supercedes UW Form 1460

(4) Employee ID (not SSN) (5) Campus Box # (6) UW E-Msil RECTIVED (1966-1907-1975) 35500 rayh@u RECTIVED (1970-1975) 35500 rayh@u RECTIVED (1970-1975) 35500 rayh@u RECTIVED (1970-1975) 35500 rayh@u RECTIVED (1970-1975) 35500 rayh@u Rectified (1970-1975) 35500 r	(1) Last Name Hilborn		(2) First Name Ray		(3) Middle Initial W
Professor	(4) Employee ID (not SSN)	(5) Campus Box #	(6) UW E-Mail		
Professor SEP 15 2009		355020		REC	EIVED
(9) Department/Program (if opplicable) Aquatic and Fishery Sciences Ocean and Fishery Sciences Ocean and Fishery Sciences Ocean and Fishery Sciences (II) Service Period I(II) Callege/School/Campus Full Time orPart Time	(7) Job Class Code (optional)	(8) Job Title (Faculty Ran	k)		
Aquatic and Fishery Sciences (I) FTE Appointment (if part time, indicate percentage) (I) Service Period (II) Graphian orPart Time *		Professor		SEP	1.5 2009
(11) FTE Appointment (if part time, indicate percentage)	(9) Department/Program (if ap	plicable)	(10) College/School/Cam		
Full Time or Part Time %	Aquatic and Fishery Science	ces	Ocean and Fishery So	ciences Acade	emic HR
13) Organization Name 14) Type of Organization (relect one)					
14) Type of Organization (soletations)		ne %	✓ 9 months	or 12 months	
14) Type of Organization (elect one)					
Private: For-Profit					
15 Category of Activity (check all that apply)					
Professional/Private Practice Performing Arts Consultant Speaker Board Member Editor Expert Witner Professional/Continuing Education Scientific Technical/Expert Advisor Reviewer Other: [16] Period of Work (date range should fell within one academic year, 711-630] [17] Number of Days Requested for Activity From (mm(dd)yyy): 10/01/2009 To (mmidd)yyy): 06/30/2010 06 [18] Provide a brief abstract of the activities to be performed Provide a divice on the interaction between a longline fishery and marine mammals. [19-28] Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next pay [19a] Yes Yo Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed? [20a] Yes Yo Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which work is to be performed? [21a] Yes Yo Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which work is to be performed? [21a] Yes Yo Do you, your spouse or significant other, or your children have a continuing advisory role with the organization? [22a] Yes Yo No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization? [22a] Yes Yo No Will this activity result in the transfer or use of itechnology, information or other intellectual property developed at the University of Washington that is not publicly available? [22a] Yes Yo Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity? [23b] Yes Yo Will this activity require that you conduct original research funding from the organization? [25a] Yes Yo Will this activity require that you conduct original research? [26a] Yes Yo Will this activity require that you conduct original research? [27b] Yes Yo Will this act		_ 	Public: Federal	Public: State	Public: Local
Professional/Continuing Education			Consultant Specification	Board Mombon Editor	Evnort Witness
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27a) Yes No Will this activity require that you conduct original research? 28a) Yes No Will University of Washington facilities, equipment, computers, employees, students or other resources be used? 29a) Date Applicant (print) Signature 29a) Date Applicant (print) Signature 29b) Completed by The Department Chair/Program Director (select one, see instructions for more information) 20c) Evaluation of Request by Department Chair/Program Director (print) Signature 20c) Evaluation of Request by Department Chair/Program Director (print) Signature 20c) Evaluation of Request by Dean/Chancellor (select one) 20c) Evaluation of Request by Dean/Chancellor (print) Signature 20c) Evaluation of Request by Dean/Chancellor (print) Signature 20c) Evaluation of Request by Academic Human Resources (select one) 20c) Review Required by the Provost Review Not Required by the Provost 20c) Evaluation of Request by the Provost (if necessary, select one) 20c) Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required 20c) Sevaluation of Request by the Provost (if necessary, select one) 20c) Recommended Excluded from Policy (Sec. 5), Approval Not Required 20c) Sevaluation of Request by the Provost (if necessary, select one) 20c) Recommended Excluded from Policy (Sec. 5), Approval Not Required 20c) Sevaluation of Request by the Provost (if necessary, select one) 20c) Recommended Excluded from Policy (Sec. 5), Approval Not Required 20c) Sevaluation of Request by the Provost (if necessary, select one) 20c) Recommended Excluded from Policy (Sec. 5), Approval Not Required 20c) Sevaluation of Request by the Provost (if necessary, select one) 20c) Sevaluation of Request by the Provost (if necessary, select one) 20c) Sevaluation of Request by the Provost (if necessary, select one) 20c) Sevaluation of Request by the Provost (if necessary, select one) 20c) Sevaluation of Request by the Provost (if necessary, select one) 20c) Sevaluation of Request by the Provost (if necessary, select one) 20c) Sevaluation of Request by the Pro	26a) _ Yes ✓ No Will yo	ou receive or do you anticipate re	ceiving research funding from	the organization?	er endry:
Applicant (print) O BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR: 30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information) Recommended					
TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR: 10) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information) Recommended					urces be used?
Not Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required	i (no to the	DAY LIL	Signatu		
Recommended	O BE COMPLETED BY	THE DEPARTMENT CHAIL	R/PROGRAM DIRECTOR		
Department Chair/Program Director (print) Signature O 9 0 3 0 9	30) Evaluation of Request by D	epartment Chair/Program Direct	or (select one, see instructions fo	r more information)	
O 910309 DAVID Arm Shrong O BE COMPLETED BY THE DEAN/CHANCELLOR: 12) Evaluation of Request by Dean/Chancellor (select one) Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required 13) Date Dean/Chancellor (print) Signature 9/14/09 AV HOW R.MI.NOWAI IIMIT 41 O BE COMPLETED BY ACADEMIC HUMAN RESOURCES: 14) Evaluation of Request by Academic Human Resources (select one) Review Required by the Provost Review Not Required by the Provost 5) Evaluation of Request by the Provost (if necessary, select one) Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required 6) Date Academic Human Resources/Provost (print) Signature	≰ Recommended	Not Recommended	Excluded from	m Policy (Sec. 5), Approval N	lot Required
O BE COMPLETED BY THE DEAN/CHANCELLOR: 12) Evaluation of Request by Dean/Chancellor (select one) Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required 13) Date Dean/Chancellor (print) Signature 14	I) Date De	epartment Chair/Program Directo	or (<i>print</i>) Signatu	ire A	
Recommended	09/03/09	David Arms	more som	wy Cit	
Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required 33) Date Dean/Chancellor (print) Signature 9/14/09	•		: 7		
33) Date Dean/Chancellor (print) Signature 9/14/09 Ar How R.M. Nowell O BE COMPLETED BY ACADEMIC HUMAN RESOURCES: 34) Evaluation of Request by Academic Human Resources (select one) Review Required by the Provost Review Not Required by the Provost 35) Evaluation of Request by the Provost (if necessary, select one) Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required 36) Date Academic Human Resources/Provost (print) Signature	V		C		D
9/14/09 AV HOW R.M.NOVALI O BE COMPLETED BY ACADEMIC HUMAN RESOURCES: 14) Evaluation of Request by Academic Human Resources (select one) Review Required by the Provost					lot Kequired
O BE COMPLETED BY ACADEMIC HUMAN RESOURCES: 14) Evaluation of Request by Academic Human Resources (select one) Review Required by the Provost Review Not Required by the Provost S Evaluation of Request by the Provost (if necessary, select one) Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required 6) Date Academic Human Resources/Provost (print) Signature		······································		1/10/7 10	
Seview Required by the Provost Xeview Not Required by the Provost				M1 11 .	
Society Soci					
5) Evaluation of Request by the Provost (if necessary, select one) Commended Excluded from Policy (Sec. 5), Approval Not Required 6) Date Academic Human Resources/Provost (print) Signature	Review Required by the Pro	ovost Keview Not	Required by the Provost		
6) Date Academic Human Resources/Provost (print) Signature					
6) Date Academic Human Resources/Provost (print) Signature		Not Recommended	Excluded from	n Policy (Sec. 5), Approval N	ot Required
1/15/09 Pamela R. Figurer Santealer	6) Date Ac	ademic Human Resources/Provos			
v. 3 June 2005; supercedes UW Form 1460		anela R. Fical	er sa	tealer	

(1b) Last Name Hilborn	(13b) Organization Name
<u></u>	Stoel Reeves Law firm
work is to be performed? If YES, please des	her, or your children have an ownership or deeper involvement with the organization for which the scribe the relationship, including the percentage of the organization owned and its approximate value.
(20b) Do you, your spouse or significant oth performed? If YES, please describe the position	ner, or your children hold a management position with the organization for which the work is to be tion.
no	
(21b) Do you, your spouse or significant oth describe this participation.	ner, or your children participate in the ongoing day-to-day operations of the organization? If YES, plea
no	
(22b) Do you, your spouse or significant otherole.	er, or your children have a continuing advisory role with the organization? If YES, please describe this
no	
(23b) Will this activity result in the transfer o Washington that is not publicly available? If Y	or use of technology, information or other intellectual property developed at the University of
no	сэ, рісазе ехріані.
(24b) Will this activity result in the transfer o the University of Washington? If YES, please	or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to
no	схргат.
25b) Will this activity result in the transfer or	r use of intellectual property obligated or licensed to another entity? If YES, please explain.
10	
26b) Will you receive or do you anticipate re	eceiving research funding from the organization? If YES, please explain.
27b) Will this activity require that you conducted	ct original research? If YES, please explain.
•	
	equipment, computers, employees, students or other resources be used? If YES, please explain.
0	
9b) Additional information or details from Ite	ems 18-28.
•	
. 3 June 2005; supercedes UW Form 1460	



TO BE COMPLETED BY THE (1) Last Name	APPLICANT:	(2) First Name		(3) Middle Initial
Hilborn		Ray	R	ECEIVED
(4) Employee ID (not SSN)	(5) Campus Box #	(6) UW E-Mail		
866-007-575	355020	rayh@u		VOV 2.5 2008
(7) Job Class Code (optional)	(8) Job Title (Faculty Ran			*U * Z * 2 * 2 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1
	Professor		Λ.	adamia UD
(9) Department/Program (if applicable	(e)	(10) College/School/Cam	pus	ademic HR
Aquatic and Fishery Sciences		Ocean and Fishery So	ciences	
(11) FTE Appointment (if part time, in	ndicate percentage)	(12) Service Pe	riod	
✓ Full Time or Part Time	%	✓ 9 months	or12 months	
(13) Organization Name				
Stratus Consulting				
(14) Type of Organization (select one)			
Private: For-Profit	rivate: Not-For-Profit	Public: Federal	Public: State	Public: Local
(15) Category of Activity (check all th	at apply)			
Professional/Private Practice				Expert Witness
Professional/Continuing Education				
(16) Period of Work (date range should			(17) Number of Days Requ	uested for Activity
From (mm/dd/yyyy): 12/01/2008		y): 06/30/2009	03	
(18) Provide a brief abstract of the ac				
I will serve on a committee to re	eview the Marine Fisher	ries Conservation Initiative	of the Gordon and Betty	Moore Foundation.
(19-28) Answer Yes or No for each	question If you answered	Yes to any question, you must	provide additional document	ation on the next page
(19a)Yes \(\frac{19a}{2}\) No Do you, you				
for which the	e work is to be performed	?		
(20a) Yes 🗹 No Do you, you work is to b	r spouse or significant othe e performed?	er, or your children hold a man	agement position with the o	rganization for which the
(21a) 💹 Yes 🗹 No Do you, you	r spouse or significant othe	er, or your children participate	in the ongoing day-to-day op	perations of the
organization (22a)Yes	? 	on vous shildren bous a son	inuing advisame nala with the	armnization?
(23a) Yes \overline{Y} No Will this acti	vity result in the transfer o	r use of technology, information	n or other intellectual prope	erty developed at the
University of	Washington that is not pu	blicly available?		
(24a) Yes 🗹 No Will this acti			databases, inventions or othe	er intellectual property
not yet discid (25a) Yes ✓ No Will this acti	osed to the University of V viry result in the transfer o		bligated or licensed to anoth	er entity?
(26a) Yes VNo Will you rec				or one of
(27a) Yes 🗹 No Will this acti	vity require that you condu	ict original research?		
(28a) Yes ✓ No Will Univers				urces be used?
· · · · · · · · · · · · · · · · · · ·	nt (print)		ire 1111	
TO BE COMPLETED BY THE	DEPARTMENT CHAI		1446 - C	
(30) Evaluation of Request by Departr			9	
Recommended	Not Recommended	Excluded fro	m Policy (Sec. 5), Approval N	Not Required
	nent Chair/Program Direct	or (print) Signati	ire	
11/18/08	ntemnA bive	ong Di		
TO BE COMPLETED BY THE		l:		
32) Evaluation of Request by Dean/C	hancellor (select one)			
<u>✓</u> Recommended	Not Recommended	Excluded from	n Policy (Sec. 5), Approval N	lot Required
33) Date Dean/Cl	nancellor (print)	Signatu	re	
11-24-08 Antit		mon	•	
TO BE COMPLETED BY ACAD				
34) Evaluation of Request by Academ				
Review Required by the Provost	· · · · · · · · · · · · · · · · · · ·	Required by the Provost		
35) Evaluation of Request by the Prov			D.11/C. C\ A	las Barnicad
X Recommended	Not Recommended		n Policy (Sec. 5), Approval N	iot Kequired
· '/	c Human Resources/Provo	st (print) Signatu	2.1.	
1/26/08 ev. 3 June 2005; supercedes UW Form 1460	nela R. Eigal	er son	- water	

TO BE COMPLETED BY	THE APPLICANT:	(2) Since Nouse		(3) Middle Initial
(1) Last Name Hilborn		(2) First Name Ray		(3) Middle Initial
(4) Employee ID (not SSN)	(5) Campus Box #	(6) UW E-Mail		
866-007-575	355020	rayh@u		
(7) Job Class Code (optional)	(8) Job Title (Faculty Ran			
(7) Job Class Code (opsellar)	Professor	9		
(9) Department/Program (if app		(10) College/School/Campu	us DEC	FIVED
Aquatic and Fishery Science		Ocean and Fishery Science	8. N. A	
(11) FTE Appointment (if part ti		(12) Service Perio		4 5 0000
✓ Full Time or Part Tim		✓ 9 months or		1 7008
(13) Organization Name	70			
California Fisheries Coalitio	on		Acadei	mic HR
(14) Type of Organization (selec				
Private: For-Profit	✓ Private: Not-For-Profit	Public: Federal	Public: State	Public: Local
(15) Category of Activity (check				
	e Performing Arts ✓ C	onsultant Speaker B	oard Member Edito	r Expert Witness
	cation Scientific/Technical/Ex			
	should fall within one academic ye		 (17) Number of Days Req	uested for Activity
From (mm/dd/yyyy): 09/25/200			03	
(18) Provide a brief abstract of t		<u></u>		
<u> </u>	ourse in how to evaluate alto	ernative MPA siting proposa	ls.	
,				
	each question. If you answered			
	, your spouse or significant othe		ership or deeper involvem	ent with the organizatio
(20a) 💹 Yes 🗹 No Do you	ch the work is to be performed? , your spouse or significant othe		ement position with the c	organization for which th
(21a) 🔃 Yes 👤 No Do you	to be performed? , your spouse or significant othe	r, or your children participate in	the ongoing day-to-day o	perations of the
organiz (22a) Yes √ No Do you	, your spouse or significant othe	r. or your children have a contin	uing advisory role with th	e organization?
(23a)Yes 🗹 No Will thi	s activity result in the transfer or ity of Washington that is not pul	use of technology, information	or other intellectual prop	erty developed at the
	s activity result in the transfer or		tabases, inventions or oth	er intellectual property
	disclosed to the University of W			
(25a) tes 😾 No VVIII thi	s activity result in the transfer or a receive or do you anticipate re	use of intellectual property obliceiving from the	igated or licensed to anothe le organization?	ner entity!
(27a) Yes Y No Will this	s activity require that you condu	ct original research?	e organization.	
(28a) 🔃 Yes 👤 No Will Un	iversity of Washington facilities,	equipment, computers, employe		ources be used?
	plicant (print)	Signature	e 1 1	
18 A V C O 8	IN HIRANY	(Lan	di	
	HE DEPARTMENT CHAIL			
	epartment Chair/Program Direct			
Recommended	Not Recommended		Policy (Sec. 5), Approval 1	Not Required
	partment Chair/Program Directo			
	avid Armstrone		inh	
32) Evaluation of Request by De	HE DEAN/CHANCELLOR			<u>_</u>
Recommended	Not Recommended	Evaludad from	Policy (Con 5) Annual N	Nan Barriar d
	an/Chancellor (print)	Signature	Policy (Sec. 5), Approval 1	Not Required
	thur R.M. Nowes			
	CADEMIC HUMAN RESOL		TAS.	
	ademic Human Resources (select			
Review Required by the Prov		Required by the Provost		
	Provost (if necessary, select one)	maganica by the Frovost		
K Recommended	Not Recommended	Evaluded from 1	Policy (Coc E) Assessed A	Jae Bassinad
<u> </u>	demic Human Resources/Provos		Policy (Sec. 5), Approval N	NOT Vedailed
01.01.0			-2.	
ev. 3 June 2005; supercedes UW Form 1	amela K. Ziegla	130	mittegled	



(1) Last Name	THE APPLICANT:	(2) First Name		(3) Middle Initial
Hilborn		Ray	Fig. Co. Alberta and a second	W
(4) Employee ID (not SSN)	(5) Campus Box #	(6) UW E-Mail)
866-007-575	355020	rayh@u		
(7) Job Class Code (optional)	(8) Job Title (Faculty Rank	()	AUG (FT 2008	
	Professor			
(9) Department/Program (if opp	licable)	(10) College/School/Car	npus Academie III	
Aquatic and Fishery Scienc	es	Ocean and Fishery S	ciences	
(11) FTE Appointment (if part ti	me, indicate percentage)	(12) Service P	eriod	
✓ Full Time or Part Tim	e %	✓ 9 months	or 12 months	
(13) Organization Name				
R2 USA				
(14) Type of Organization (selec				
✓ Private: For-Profit	Private: Not-For-Profit	Public: Federal	Public: State	Public: Local
(15) Category of Activity (check			D 114 1 E1:	F
	Performing Arts ✓ C			Expert Witness
	cation Scientific/Technical/Ex should fall within one academic ye		Other: (17) Number of Days Reques	ted for Activity
From (mm/dd/yyyy): 08/01/200	· · · · · · · · · · · · · · · · · · ·		10	ted for Activity
(18) Provide a brief abstract of t		<i>)</i> ,		
	ngs to comment on and eva	luate the work of the oth	er parties in this multi-party	project.
			<u> </u>	
	ach question. If you answered Y			
	, your spouse or significant other th the work is to be performed?		whership or deeper involvement	with the organization
(20a)Yes 🗹 No Do you	your spouse or significant other to be performed?		nagement position with the orga	nization for which the
(21a) _ Yes ✓ No Do you	your spouse or significant other	r, or your children participate	e in the ongoing day-to-day opera	ations of the
organiza	ition?		and the second s	
(22a) Yes ✓ No Do you (23a) Yes ✓ No Will thi	your spouse or significant other activity result in the transfer or	r, or your children have a cor	ntinuing advisory role with the ol on or other intellectual property	rganization: developed at the
Univers	ty of Washington that is not pub	olicly available?		
	activity result in the transfer or		, databases, inventions or other i	ntellectual property
	disclosed to the University of W activity result in the transfer or		obligated or licensed to another	entity?
(26a) Yes 🗹 No Will you	receive or do you anticipate re	ceiving research funding from		
(27a) Yes 🖌 No Will this	activity require that you conduc	ct original research?		
(28a) _Yes √No Will Un (29a) Date Ap	iversity of Washington facilities, i plicant (print)			es be used?
24 24 08 1	2 11.11	() 38.1	1	
	HE DEPARTMENT CHAIR	PROGRAM DIRECTO	R:	
(30) Evaluation of Request by De	partment Chair/Program Directo	or (select one, see instructions)	for more information)	
Recommended	Not Recommended	Excluded fro	om Policy (Sec. 5), Approval Not	Required
	partment Chair/Program Directo	or (print) Signa	ture	
07/29/08	10179WH BINEC	· \	Cimtur	·
TO BE COMPLETED BY T (32) Evaluation of Request by De	· · · · · · · · · · · · · · · · · · ·	: 9		
Recommended	Not Recommended	Evaluded for	om Policy (Sec. 5), Approval Not	Paguired
	in/Chancellor (print)	Excluded in C		Regulied
	nur R.M. Nowell	me	uls	
	CADEMIC HUMAN RESOL	URCES:	•	
34) Evaluation of Request by Aca	demic Human Resources (select	one)		
Review Required by the Prov	ost <u>K</u> Review Not	Required by the Provost		
35) Evaluation of Request by the	Provost (if necessary, select one)			
X Recommended	Not Recommended		om Policy (Sec. 5), Approval Not	Required
36) Date Aca	demic Human Resources/Provos	t (print) Signat	ure	
8/108 P3	nela R. Liegler	sa.	moka K. Lugl	<u> </u>
ev. 3 June 2005; supercedes UW Form 14	3		U	



(1) Last Name		(2) First Name		(3) Middle Initial
Hilborn		Ray		W
(4) Employee ID (not SSN)	(5) Campus Box #	(6) UW E-Mail		
866-007-575	355020	rayh@u		
(7) Job Class Code (optional)	(8) Job Title (Faculty Rank)			1.7
	Professor	,	ē %	ECEIVED
(9) Department/Program (if applicable)	(10) College/School/Cam	pus	112
Aquatic and Fishery Sciences		Ocean and Fishery S		UG (1.) 25/10
(11) FTE Appointment (if part time, in		(12) Service Pe		- 1.50
✓ Full Time or Part Time	<u> </u>	✓ 9 months	or12 months = 1000	ic affect to the
(13) Organization Name				
Tavel Certification				
(14) Type of Organization (select one)				
<u> </u>	ivate: Not-For-Profit	Public: Federal	Public: State	Public: Local
(15) Category of Activity (check all the			D 1M 1 5"	5
Professional/Private Practice				or Expert Witness
Professional/Continuing Education (16) Period of Work (date range should			Other: (17) Number of Days Re	quested for Activity
From (mm/dd/yyyy): 08/01/2008	To (mm/dd/yyyy):		10	quested for Activity
(18) Provide a brief abstract of the act		00/30/2007		
Evaluate status of B.C. Pink and		ect to MSC certification	standards	
(19-28) Answer Yes or No for each q				
(19a) Yes V No Do you, your		or your children have an ow	nership or deeper involven	nent with the organizatior
(20a) Yes ✓ No Do you, your	work is to be performed?	or your children hold a man	agement position with the	organization for which the
work is to be		or your clinaren noic a man	agement postaon man are	organization for winer the
(21a) _ Yes ✓ No Do you, your	spouse or significant other,	or your children participate	in the ongoing day-to-day o	pperations of the
organization? (22a) Yes ✓ No Do you, your	enauca ar cignificant ather	ar vava shildran baya a can	rinuing advisage nala with th	a armaization)
$\begin{array}{cccc} (22a) & \underline{\qquad} & & & & & \\ (23a) & \underline{\qquad} & & & & & \\ \end{array}$ (23a) Yes \frac{\frac{1}{2}}{2} \text{No Will this activ}	ity result in the transfer or u	ise of technology, information	on or other intellectual prop	perty developed at the
University of	Washington that is not public	cly available?	·	, ,
(24a) Yes ✓ No Will this activ			databases, inventions or otl	ner intellectual property
(25a) Yes ✓ No Will this activ	sed to the University of Was ity result in the transfer or u		bligated or licensed to anot	her entity?
(26a) Yes ✓ No Will you rece	ve or do you anticipate rece	iving research funding from		sier energy:
(27a) Yes ✓ No Will this activ	ty require that you conduct	original research?	-	
(28a)Yes ✓ No Will Universit (29a) Date Applicant		_	_	ources be used?
- (181 - ())))	- N	Signati	ye 1) // // /	
TO BE COMPLETED BY THE D	SOLL CHAIR	PROGRAM DIRECTOR	1 / 	
(30) Evaluation of Request by Departm			r more information)	
Recommended	Not Recommended		m Policy (Sec. 5), Approval	Not Required
(31) Date Departm	ent Chair/Program Director			
07/29/08 David	& Armshona	AS	act	
TO BE COMPLETED BY THE D				
(32) Evaluation of Request by Dean/Ch	ancellor (select one)			
Recommended	Not Recommended		n Policy (Sec. 5), Approval	Not Required
	incellor (print)	Signatu	ire	
	r R.M. Nowell	/thr	ell	,
TO BE COMPLETED BY ACADI (34) Evaluation of Paguage by Academic				
(34) Evaluation of Request by Academic				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Review Required by the Provost (35) Evaluation of Request by the Provo		equired by the Provost		· · · · · · · · · · · · · · · · · · ·
			D.1: (C. E) 4	
X Recommended 36) Date Academic	Not Recommended Human Resources/Provost		n Policy (Sec. 5), Approval	Not Kequired
0/1	1_ D 7		/ - 2	1
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(1) Last Name	AI FEICHT!	(2) First Name		(3) Middle Initial
Hilborn		Ray		W
(4) Employee ID (not SSN)	(5) Campus Box #	(6) UW E-Mail		
866-007-575	355020	rayh@u		
(7) Job Class Code (optional)	(8) Job Title (Faculty I	Rank)		
	Professor			RECEIVED
(9) Department/Program (if applicable	e)	(10) College/School/Ca	mpus	
Aquatic and Fishery Sciences		Ocean and Fishery		14: 6:
(11) FTE Appointment (if part time, in		(12) Service I		
✓ Full Time or Part Time	%	✓ 9 months	or 12 months	[,
(13) Organization Name	(C b b	· ·	· · · · · · · · · · · · · · · · · · ·	
Commission for the Conservation		n Tuna		
(14) Type of Organization (select one)		/ D. I. E. I. I	D.11: C.	D. I.I. I.
Private: For-Profit Profit 15) Category of Activity (check all the	rivate: Not-For-Profit	✓ Public: Federal	Public: State	Public: Local
Professional/Private Practice		Consultant Speaker	Roard Mombon Ed	litar Evant Witness
Professional/Continuing Educatio				Expert valutess
(16) Period of Work (date range should			(17) Number of Days f	Requested for Activity
From (mm/dd/yyyy): 09/01/2008	To (mm/dd/		10	
(18) Provide a brief abstract of the ac				
Attend meetings and review scie				
(19-28) Answer Yes or No for each of	uestion. If you answere	ed Yes to any question, you mus	t provide additional docum	nentation on the next page.
(19a)Yes ✓ No Do you, you	r spouse or significant o e work is to be perform		wnership or deeper involv	ement with the organization
(20a) _ Yes ✓ No Do you, you	r spouse or significant o		inagement position with th	e organization for which the
work is to be (21a)Yes ✓ No Do you, your		than ar your children participat	a in the oppoing day to da	y aparations of the
organization?		uter, or your children participat	e in the ongoing day-to-da	y operations of the
(22a) Yes 🗹 No Do you, your	spouse or significant of	ther, or your children have a co	ntinuing advisory role with	the organization?
(23a) Yes No Will this activ	vity result in the transfer Washington that is not		ion or other intellectual pi	operty developed at the
(24a)Yes ✓ No Will this activ			. databases, inventions or	other intellectual property
not yet disclo	sed to the University of	f Washington?		
(25a) Yes V No Will this activ				other entity?
(26a)Yes ∡No Will you rece (27a) _Yes ∡No Will this activ	rive or do you anticipate rity require that you con	receiving research funding from	n the organization!	
(28a) 💹 Yes 🖌 No Will Universi	ty of Washington facilitie	es, equipment, computers, emp	oyees, students or other r	esources be used?
(29a) Date Applican	t (print)	Signa	ture	,
24 Jul Ka	11111	2 H. 1 Loi2 le	<u>', </u>	
TO BE COMPLETED BY THE				
30) Evaluation of Request by Departm				
Recommended	Not Recommended		om Policy (Sec. 5), Approv	al Not Required
7/20/ 0	nent Chair/Program Dire	ector (print) Signa	ture	
OF 29 08 David		OB:	link	
32) Evaluation of Request by Dean/Ch		5 11.		
♥ Recommended	Not Recommended	Excluded fr	om Policy (Sec. 5), Approv	al Not Required
33) Date Dean/Ch	ancellor (print)	Signa		<u> </u>
7/30/08 Art	nur R.M. Nou		1	
O BE COMPLETED BY ACAD	EMIC HUMAN RES	OURCES:	tu	
34) Evaluation of Request by Academi	c Human Resources (sel	ect one)		
Review Required by the Provost		ot Required by the Provost		
35) Evaluation of Request by the Prov	ost (if necessary, select or	ne)		
X Recommended	Not Recommended		om Policy (Sec. 5), Approv	al Not Required
	Human Resources/Pro		ture	
8/1/08 Pome	la K. Ziegl	er car	elak-tuo	ler



(1) Last Name	HE AFFLICANT.	(2) First Name		(3) Middle Initial
Hilborn		Ray		W
(4) Employee ID (not SSN)	(5) Campus Box #	(6) UW E-Mail		
866-007-575	355020	rayh@u	ţ,	CHIVED -
(7) Job Class Code (optional)	(8) Job Title (Faculty Ran	ık)		
	Professor		4	1(17.11 1 1008
(9) Department/Program (if app	licable)	(10) College/School/Can		
Aquatic and Fishery Science	es ·	Ocean and Fishery S	ciences Ac	Momis rea
(11) FTE Appointment (if part tir	ne, indicate percentage)	(12) Service Pe		
✓ Full Time or Part Time	%	✓ 9 months	or 12 months	
(13) Organization Name				
San Luis and Mendota Wate	er Authority			
(14) Type of Organization (select	one)			
Private: For-Profit	Private: Not-For-Profit	Public: Federal	Public: State	✓ Public: Local
(15) Category of Activity (check		·		
	Performing Arts C			or Expert Witness
	cation 🗹 Scientific/Technical/E			
(16) Period of Work (date range			(17) Number of Days Red	quested for Activity
From (mm/dd/yyyy): 09/01/200		y): 06/30/2009	05	
(18) Provide a brief abstract of the				
Evaluate models of population	on dynamics of delta smelt			
(19-28) Answer Yes or No for e	ach question. If you answered	Yes to any question, you must	provide additional documer	otation on the next page
(19a) Yes ✓ No Do you,				
for which	h the work is to be performed	?		-
(20a) Yes ✓ No Do you,		er, or your children hold a mar	nagement position with the	organization for which the
(21a) Yes ✓ No Do you,	to be performed? your spouse or significant other	er, or vour children participate	in the ongoing day-to-day o	operations of the
organiza	tion?			•
(22a) Yes ✓ No Do you,	your spouse or significant other	er, or your children have a con	tinuing advisory role with th	ne organization?
(23a) Yes Vo Will this	activity result in the transfer o ty of Washington that is not pu		on or other intellectual prop	erty developed at the
(24a) Yes V No Will this	activity result in the transfer o	r use of discoveries, software,	databases, inventions or oth	ner intellectual property
not yet o	disclosed to the University of ${\sf V}$	Vashington?		
(25a) Yes Vo Will this	activity result in the transfer o	r use of intellectual property of	obligated or licensed to anot	her entity!
(26a) _ Yes ✓ No Will you (27a) _ Yes ✓ No Will this	activity require that you condu	eceiving research funding from act original research?	the organization:	
(28a) Yes 🗸 No Will Uni	versity of Washington facilities,	equipment, computers, emplo	yees, students or other res	ources be used?
(29a) Date App	olicant (print)	Signat	ure//)	
24 1.1 08	1111		XL/L/	
	HE DEPARTMENT CHAI		R: Y	
(30) Evaluation of Request by De				NI-a Carrierd
Recommended (31) Date Dep	<u>Not Recommended</u> Partment Chair/Program Direct		m Policy (Sec. 5), Approval	Not Required
37/29/08	12 od Acmetino	or (print) Signat		
TO BE COMPLETED BY TH	TE DEAN/CHANCELLOR	<u> </u>) Charles	
32) Evaluation of Request by Dea		•		~
> Recommended	Not Recommended	Excluded fro	m Policy (Sec. 5), Approval	Not Required
33) Date Dea	n/Chancellor (print)	Signat		
-11	thur R.M. Nowe		7-41	
TO BE COMPLETED BY A			-	
34) Evaluation of Request by Aca	demic Human Resources (selec	t one)	·	
Review Required by the Prov	ost 🔀 Review Not	Required by the Provost		
35) Evaluation of Request by the	Provost (if necessary, select one)			
<u>≭</u> Recommended	Not Recommended	Excluded fro	m Policy (Sec. 5), Approval	Not Required
	demic Human Resources/Provo	st (print) Signati	ıre	
8/1/08 Par	nela R. Ziegl.	er sa	12 te	de

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(1) Last Name		(2) First Name		(3) Middle Initial
Hilborn		Ray		W
(4) Employee ID (not SSN)	(5) Campus Box #	(6) UW E-Mail		
866-007-575	355020	rayh@u		
(7) Job Class Code (optional)	(8) Job Title (Faculty Ro	ink)		
	Professor			[] { }
(9) Department/Program (if applicable)		(10) College/School/Ca		
Aquatic and Fishery Sciences		Ocean and Fishery		
(11) FTE Appointment (if part time, indi		(12) Service F		<u> </u>
✓ Full Time orPart Time	%	✓ 9 months	or 12 months	
(13) Organization Name FishAmerican Foundation				the the till
(14) Type of Organization (select one)				
	vate: Not-For-Profit	Public: Federal	Public: State	Public: Local
(15) Category of Activity (check all that				
Professional/Private Practice		Consultant Speaker	Board Member E	Editor Expert Witness
Professional/Continuing Education				
(16) Period of Work (date range should				Requested for Activity
From (mm/dd/yyyy): 09/01/2008		yy): 06/30/2009	05	
(18) Provide a brief abstract of the acti	vities to be performed			
Evaluate alternative designs for m	arine protected area	15		
				
(19-28) Answer Yes or No for each qu (19a) Yes ✓ No Do you, your:				
	work is to be performe		whership or deeper hivo	wement with the organization
(20a) _ Yes <u>√</u> No Do you, your :	spouse or significant oth		inagement position with t	the organization for which the
work is to be j			a in the opening day to d	lay approximate of the
(21a) Yes ✓ No Do you, your sorganization?	spouse or significant ou	ier, or your children participat	e in the ongoing day-to-d	ay operations of the
(22a) Yes ✓ No Do you, your s				
(23a) Yes ✓ No Will this activity			ion or other intellectual p	property developed at the
University of V (24a) Yes ✓ No Will this activity	Vashington that is not p by result in the transfer		. databases, inventions or	r other intellectual property
	ed to the University of		,	, , , , , , , , , , , , , , , , , , , ,
(25a) Yes ✓ No Will this activit				another entity?
(26a) Yes √No Will you receiv (27a) Yes √No Will this activit	ve or do you anticipate	receiving research funding from	n the organization!	
(28a) Yes Y No Will University	of Washington facilities	s, equipment, computers, emp	oyees, students or other	resources be used?
(29a) Date Applicant		Sign		
74 1108 1214			//\	
		IR/PROGRAM DIRECTO	-	
(30) Evaluation of Request by Departme				I Nee Persiand
Recommended	Not Recommended nt Chair/Program Direc		om Policy (Sec. 5), Appro	oval Not Required
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TO BE COMPLETED BY THE DI			my	
(32) Evaluation of Request by Dean/Cha				
X Recommended	Not Recommended	Excluded fr	om Policy (Sec. 5), Appro	oval Not Required
33) Date Dean/Cha	ncellor (print)	Signa	ture	
7/30/08 Arthur	LR.M. Nowel	1 star	Tu,	·
TO BE COMPLETED BY ACADE				
34) Evaluation of Request by Academic				
Review Required by the Provost		t Required by the Provost		
35) Evaluation of Request by the Provo				
X Recommended	Not Recommended		om Policy (Sec. 5), Appro	oval Not Required
01/	Human Resources/Prov		1) -12 7	
8/1/08 Pamel	all. Fieldo		ela Kitur	1 .



(1) Last Name		(2) First Name		(3) Middle Initial
Hilborn		Ray		W
(4) Employee ID (not SSN)	(5) Campus Box #	(6) UW E-Mail		RECEIVED
866-007-575	355020	rayh@u		- ACCRIVED
(7) Job Class Code (optional)	(8) Job Title (Faculty Rank)	<u> </u>		APR D 1 2000
L	Professor			APR 01 2008
(9) Department/Program (if applicable)	(10) College/School/Can		X003
Aquatic and Fishery Sciences		Ocean and Fishery S		Academic HR
(11) FTE Appointment (if part time, inc		(12) Service Pe		
✓ Full Time orPart Time	<u> </u>	✓ 9 months	or 12 months	
(13) Organization Name R2 USA		•		
(14) Type of Organization (select one)				
	vate: Not-For-Profit	Public: Federal	Public: State	Public: Local
(15) Category of Activity (check all tha		rublic. regeral	Tublic. state	rable, cocar
Professional/Private Practice		nsultant Speaker	Board Member Edito	or Expert Witness
Professional/Continuing Education	-			Expert vitaless
(16) Period of Work (date range should			(17) Number of Days Re	guested for Activity
From (mm/dd/yyyy): 04/01/2008	To (mm/dd/yyyy):		10	· · · · · · · · · · · · · · · · · · ·
(18) Provide a brief abstract of the act				
I will primarily attend meetings t		uate the work of the oth	er parties in this multi-p	arty project.
		·		
(19-28) Answer Yes or No for each qu				
(19a) Yes V No Do you, your	spouse or significant other, work is to be performed?	or your children have an ov	vnership or deeper involver	nent with the organization
(20a)Yes ✓ No Do you, your		or your children hold a mai	nagement position with the	organization for which the
work is to be	performed?			
(21a) Yes V No Do you, your	spouse or significant other,	or your children participate	in the ongoing day-to-day	operations of the
organization? (22a) Yes ✓ No Do you, your	shouse or significant other	or your children have a con	tinuing advisory role with t	he organization?
(23a) Yes No Will this activ	ity result in the transfer or (use of technology, information	on or other intellectual pro	perty developed at the
University of	Washington that is not publ	icly available?		
(24a) Yes ✓ No Will this activ	ity result in the transfer or i sed to the University of Wa		databases, inventions or ot	her intellectual property
(25a) Yes ✓ No Will this activ			obligated or licensed to ano	ther entity?
(26a) Yes V No Will you recei	ve or do you anticipate rec	eiving research funding from		•
(27a) Yes ✓ No Will this activity	ty require that you conduct	original research?		
(28a) Yes ✓ No Will Universit (29a) Date Applicant		quipment, computers, emplo Si gn ध		ources be used:
	AV ALLIJA	0,0	5° 1/Y/)	
TO BE COMPLETED BY THE D	EPARTMENT CHAIR	PROGRAM DIRECTO	A NW	
(30) Evaluation of Request by Departm	ent Chair/Program Directo	r (select one, see instructions f	or more information)	
K Recommended	Not Recommended	Excluded fro	om Policy (Sec. 5), Approval	Not Required
	ent Chair/Program Director	(print) Signat	ure	
03/27/08 DAVID	ARMSTRONG	A)(
	EAN/CHANCELLOR:			
(32) Evaluation of Request by Dean/Ch				
A Recommended	Not Recommended		om Policy (Sec. 5), Approval	Not Required
<u> </u>	ancellor (print)	Signat	ure	
7-28-04 ARTHO		moss. myul		
TO BE COMPLETED BY ACADS (34) Evaluation of Request by Academic				
	· · · · · · · · · · · · · · · · · · ·	equired by the Provost		
Review Required by the Provost (35) Evaluation of Request by the Provo		equired by the Frovost		
,	Not Recommended	Eveluded for	m Policy (Sec 5) Approval	Not Required
Recommended (36) Date Academic	Human Resources/Provost	(hrint) Signat	m Policy (Sec. 5), Approval	1100 Nequilled
HIICB Paris Rev. 3 June 2005; supercedes UW Form 1460	Jak 7 mola	- January	molar R Fie	101
Rev. 3 June 2005: supercedes UW Form 1460	-1011. LIEGIEI	<u></u>	CLUXU- NICLE	3

(1b) Last Name	(13b) Organization Name
Hilborn	R2 USA
(19b) Do you, your spouse or significant other, or yourk is to be performed? If YES, please describe the	your children have an ownership or deeper involvement with the organization for which the he relationship, including the percentage of the organization owned and its approximate value.
no	to reasonship, metoding the percentage of the organization owned and its approximate value.
(20b) Do you, your spouse or significant other, or y performed! If YES, please describe the position.	your children hold a management position with the organization for which the work is to be
no	
(21b) Do you, your spouse or significant other, or y	your children participate in the ongoing day-to-day operations of the organization? If YES, please
describe this participation.	
(22b) Do you, your spouse or significant other, or you	our children have a continuing advisory role with the organization? If YES, please describe this
no	
(23b) Will this activity result in the transfer or use o	of technology, information or other intellectual property developed at the University of
Washington that is not publicly available? If YES, plea	
no	
(24b) Will this activity result in the transfer or use of the University of Washington? If YES, please explain	discoveries, software, databases, inventions or other intellectual property not yet disclosed to
no	
(25b) Will this activity result in the transfer or use of	f intellectual property obligated or licensed to another entity? If YES, please explain.
no	
	research funding from the organization? If YES, please explain.
A research scientist in our school, Dr. Robert (this funding. All of my time on this project wil	Lessard, will be employed on a UW contract on this project and I will be the PI on III be covered as a consultant.
(27b) Will this activity require that you conduct origin	nal research? If YES, please explain.
no	
28b) Will University of Washington facilities, equipm	nent, computers, employees, students or other resources be used? If YES, please explain.
10	
29b) Additional information or details from Items 18	-28.

Rev. 3 June 2005; supercedes UW Form 1460

JAN 1 1 2008

(1) Last Name		(2) First Name		(3) Middle Initial
Hilborn		Ray		Academic HF
(4) Employee ID (not SSN)	(5) Campus Box #	(6) UW E-Mail		
866-007-575	355020	rayh@u		
(7) Job Class Code (optional)	(8) Job Title (Faculty Rank	:)		
	Professor			
(9) Department/Program (if applic		(10) College/School/Ca		·
Aquatic and Fishery Sciences		Ocean and Fishery	Sciences	
(11) FTE Appointment (if part time	e, indicate percentage)	(12) Service F	Period	
✓ Full Time or Part Time	%	✓ 9 months	or 12 months	
(13) Organization Name				
THE ALLIANCE OF COMMU		BLE FISHERIES		
(14) Type of Organization (select of				
 	Private: Not-For-Profit	Public: Federal	Public: State	Public: Local
(15) Category of Activity (check al				
	Performing Arts Co		Board Member Editor	Expert Witness
	tion 🗹 Scientific/Technical/Ex			
(16) Period of Work (date range sl			(17) Number of Days Requ	ested for Activity
From (mm/dd/yyyy): 01/01/2008): 06/30/2008	02	
(18) Provide a brief abstract of the				
Review the potential impacts	of Marine Protected Areas	in the Monterrey Bay N	lational Marine Sanctuary	
(20a) _ Yes	tour spouse or significant other the work is to be performed? Tour spouse or significant other to be performed? Tour spouse or significant other to be performed? Tour spouse or significant other tou	r, or your children have an or or your children hold a mar, or your children participate, or your children have a couse of technology, informaticity available? use of discoveries, software ashington? use of intellectual property teiving research funding from the original research? equipment, computers, employed the confidence of the computer of the	evenership or deeper involvement of an agement position with the organization with the organization or other intellectual proper or other intellectual proper or other intellectual proper obligated or licensed to another the organization? Hoyees, students or other resount or other organization? For more information or other policy (Sec. 5), Approval N.	nt with the organization ganization for which the erations of the organization? It developed at the rintellectual property or entity?
01/01/08 DS	und Armstrone		alilia	
TO BE COMPLETED BY THE		J		
32) Evaluation of Request by Dean				
Recommended	Not Recommended		om Policy (Sec. 5), Approval No	ot Required
	Chancellor (print)	Signa	ture	
	nur R.M. Nowe	 	/4h	
TO BE COMPLETED BY ACA 34) Evaluation of Request by Acad			•	
Review Required by the Provos		Required by the Provost		
Evaluation of Request by the Pi		required by the Frovost		
		Cl 4. 4 ¢	am Policy (See E) Assessed No.	ot Required
X Recommended 36) Date Acade	Not Recommended mic Human Resources/Provos		om Policy (Sec. 5), Approval No	or vedanea
	1 1	t (print) Signa	1. 7. 7 · 1	
1/11/08 Pam. ev. 3 June 2005; supercedes UW Form 1460	elaR. Ziegler	saw	rela K. Tuglu	

JAN 1 1 2013

(I) Last Name		(2) First Name		AcademicaH
Hilborn		Ray		W
(4) Employee ID (not SSN)	(5) Campus Box #	(6) UW E-Mail		
866-007-575	355020	rayh@u		
(7) Job Class Code (optional)	(8) Job Title (Faculty Ran	k)	J	
	Professor			
(9) Department/Program (if applic		(10) College/School/Campu		
Aquatic and Fishery Sciences		Ocean and Fishery Scie		
(11) FTE Appointment (if part time		(12) Service Perio		
✓ Full Time or Part Time	%	✓ 9 months or	12 months	
(13) Organization Name				
Science, Engineering and the				
(14) Type of Organization (select of				
	Private: Not-For-Profit	Public: Federal	Public: State	Public: Local
(15) Category of Activity (check al				
		Consultant Speaker Bo		r Expert Witness
			Other:	
(16) Period of Work (date range st			17) Number of Days Req	uested for Activity
From (mm/dd/yyyy): 01/01/2008		y): 06/30/2008)5	
(18) Provide a brief abstract of the				
Summarize potential harvest	of fishes in Willamette Ki	ver		
19-28) Answer Yes or No for eac	h question. If you answered '	Yes to any question, you must pro	vide additional documen	tation on the next nage
19a)Yes ✓ No Do you, y				
	the work is to be performed			
20a) 🔃 Yes 🗹 No Do you, y		r, or your children hold a manage	ement position with the o	rganization for which the
	be performed?	n an varia shildren nertialante in s	the encoine day to day or	parations of the
21a)Yes 🗹 No Do you, y organizati		er, or your children participate in	the ongoing day-to-day of	perations of the
22a) Yes ✓ No Do you, y		r, or your children have a continu	ing advisory role with the	e organization?
23a) 🔃 Yes 🗹 No Will this a	ctivity result in the transfer o	r use of technology, information o	or other intellectual prope	erty developed at the
	of Washington that is not pu			
	ctivity result in the transfer of sclosed to the University of W	r use of discoveries, software, dat	abases, inventions or other	er intellectual property
not yet dis 25a)Yes √No Will this a			rated or licensed to anoth	ner entity?
26a) Yes ✓ No Will you r				
27a) Yes 🗸 No Will this a				
28a) Yes 🗹 No Will Unive				urces be used?
	cant (print)	organiture	HHHA	
LY USE OT	FORDAD THENT CHAN	R/PROGRAM DIRECTOR	. 1. 9	
30) Evaluation of Request by Depa			nore information)	
Recommended	Not Recommended		Policy (Sec. 5), Approval N	Not Required
	rtment Chair/Program Direct		oney (see. s), Approvan	voc riedan ea
01/04/08 Da	wid Armstron			
O BE COMPLETED BY TH		1 Chila		
32) Evaluation of Request by Dean		··	-	
Recommended	Not Recommended	Excluded from F	Policy (Sec. 5), Approval N	Not Required
	Chancellor (print)	Signature		
	thur R.M. Nour		7.11	
O BE COMPLETED BY ACA			100	
4) Evaluation of Request by Acad				
_ Review Required by the Provos		Required by the Provost		
5) Evaluation of Request by the Pi				
✓ Recommended	Not Recommended	Excluded from P	olicy (Sec. 5), Approval N	lot Required
	mic Human Resources/Provo		(), , , pp. 0.41 1.	
	nola R Ziegle		(T) 1.X	
1/11/08 Page 2005; supercedes UW Form 1460	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	June	ya 17-Lugue	

(1) Last Name	I THE AFFEICART.	(2) First Name		(3) Middle Initial
Hilborn		Ray		(3) Filddle initial
(4) Employee ID (not SSN)	(5) Campus Box #	(6) UW E-Mail		RECEIVED
866-007-575	355020	rayh@u		<u> </u>
	(8) Job Title (Faculty Ran			000 0 1 2003
(7) Job Class Code (optional)		<u>K)</u>		SEP 2 1 2007
0101	Professor		·· ································	
(9) Department/Program (if o		(10) College/School/Campu		Academic HR
Aquatic and Fishery Scie		Ocean and Fishery Scien		
(11) FTE Appointment (if par	t time, indicate percentage)	(12) Service Perio	d	
✓ Full Time or Part T	ime %	✓ 9 months or	12 months	
(13) Organization Name		······································		
Commission for the Con	servation of Southern Bluefin	Tuna .		
(14) Type of Organization (se	elect one)			
Private: For-Profit	Private: Not-For-Profit	✓ Public: Federal	Public: State	Public: Local
(15) Category of Activity (che	eck all that apply)			
Professional/Private Prac	tice Performing Arts C	onsultant Speaker Bo	ard Member Edit	or Expert Witness
	Education 🗸 Scientific/Technical/Ex		Other:	,
	nge should fall within one academic ye		17) Number of Days Re	quested for Activity
From (mm/dd/yyyy): 09/01/2			0	
	of the activities to be performed			
Attend meetings and rev				
(19-28) Answer Yes or No fo	or each question. If you answered	Yes to any question, you must pro	ovide additional docume	ntation on the next page.
	ou, your spouse or significant othe			
	vhich the work is to be performed?			
	ou, your spouse or significant othe	r, or your children hold a manage	ment position with the	organization for which the
	c is to be performed?	a an carre shildren apreisiance in a	sha ammaina day ka day.	i
	ou, your spouse or significant othe nization?	r, or your children participate in t	the ongoing day-to-day	operations of the
	ou, your spouse or significant othe	r, or your children have a continu	ing advisory role with t	he organization?
	this activity result in the transfer of			
Univ	ersity of Washington that is not pu	blicly available?		
	this activity result in the transfer of		abases, inventions or ot	her intellectual property
	et disclosed to the University of W this activity result in the transfer of		ntad or licensed to ano	than antiny)
	you receive or do you anticipate re			iner entity:
(27a) Yes ✓ No Will	this activity require that you condu	ct original research?		
(28a) Yes V No Will	University of Washington facilities,	equipment, computers, employee	s, students or other res	ources be used?
(29a) Date	Applicant (print)	Signature		
17 Aug 07	RAYHILRAY	izan low	O.	
TO BE COMPLETED BY	THE DEPARTMENT CHAIL	R/PROGRAM DIRECTOR:		
(30) Evaluation of Request by	Department Chair/Program Direct	or (select one, see instructions for n	nore information)	
¥ Recommended	Not Recommended	Excluded from F	Policy (Sec. 5), Approval	Not Required
(31) Date	Department Chair/Program Direct	or (print) Signature	\bigcirc	
8/28/07 D	pirector-Aquatict	-Fishery Sciences <		10
TO BE COMPLETED BY	THE DEAN/CHANCELLOR			
(32) Evaluation of Request by	Dean/Chancellor (select one)			
X Recommended	Not Recommended	Excluded from F	Policy (Sec. 5), Approval	Not Required
(33) Date	Dean/Chancellor (print)	Signature		
9/19/07 D	ean Arthur R.M. No	well Br	1,10	
	ACADEMIC HUMAN RESO		100	
	Academic Human Resources (select			
Review Required by the P		Required by the Provost		
	the Provost (if necessary, select one)			
7		Eveluded for D	olicy (Sec 5) Assessed	Not Required
Recommended	Not Recommended		olicy (Sec. 5), Approval	Not Nequired
(36) Date A	Academic Human Resources/Provos	st (print) Signature	101111	7
4101	Jessica Ste	VVI A	esseca s	<u>~</u>
lev. 3 June 2005; supercedes UW Forr	n 146U `			

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O BE COMPLETED BY 1) Last Name	INE APPLICANT:	(2) First Name		(3) Middle Initial
lilborn		Ray		W
1) Employee ID (not SSN)	(5) Campus Box #	(6) UW E-Mail		
66-007-575	355020	rayh@u		
) Job Class Code (optional)	(8) Job Title (Faculty Ra	ink)		
0101	Professor			
) Department/Program (if at	pplicable)	(10) College/School/Campus		
quatic and Fishery Scien	ices	Ocean and Fishery Scien	ices	
1) FTE Appointment (if part	time, indicate percentage)	(12) Service Period		
Full Time or Part Til	me %	✓ 9 months or	12 months	
3) Organization Name				
ishAmerican Foundation				
4) Type of Organization (sel	ect one)			
_ Private: For-Profit	✓ Private: Not-For-Profit	Public: Federal	Public: State	Public: Local
5) Category of Activity (chec	ck all that apply)			
_ Professional/Private Practi	ice Performing Arts	Consultant Speaker Bo	ard Member Editor	Expert Witness
	ducation ✓ Scientific/Technical/E		Other:	
6) Period of Work (date rang	ge should fall within one academic y		7) Number of Days Reques	ted for Activity
rom (mm/dd/yyyy): 09/01/20		γγ): 06/30/2008 I	0	
8) Provide a brief abstract of	f the activities to be performed			
valuate alternative design	ns for marine protected area	ıs		
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(I) Last Name		(2) First Name		(3) Middle Initial
Hilborn		Ray		W
(4) Employee ID (not SSN)		(6) UW E-Mail		
866-007-575	355020	rayh@u	, , , , , , , , , , , , , , , , , , ,	
(7) Job Class Code (option	al) (8) Job Title (Faculty Ran	k)		
	Professor			
(9) Department/Program		(10) College/School/Ca		
Aquatic and Fishery So		Ocean and Fishery		
(11) FTE Appointment (if	part time, indicate percentage)	(12) Service	· · · · · · · · · · · · · · · · · · ·	
✓ Full Time or Par	t Time %	✓ 9 months	or 12 months	
(13) Organization Name				
San Diego Watermans	s Association			
(14) Type of Organization	(select one)			
Private: For-Profit	✓ Private: Not-For-Profit	Public: Federal	Public: State	Public: Local
(15) Category of Activity (check all that apply)			
Professional/Private Pr	ractice Performing Arts \checkmark C	onsultant Speaker	Board Member Edi	tor Expert Witness
Professional/Continuir	ng Education Scientific/Technical/Ex	pert Advisor Reviewe	r Other:	
(16) Period of Work (date	range should fall within one academic ye	ar, 7/1-6/30)	(17) Number of Days R	equested for Activity
From (mm/dd/yyyy): 07/0	1/2006 To (mm/dd/yyy)	_{():} 06/30/2007	05	
(18) Provide a brief abstra	ct of the activities to be performed			
Consult regarding man	agement of sea urchins			
	for each question. If you answered			
	o you, your spouse or significant othe	r, or your children have an o	ownership or deeper involve	ment with the organizatio
	r which the work is to be performed? o you, your spouse or significant othe	r or your children hald a m		
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or	ganization?		and the second s	
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	fill this activity result in the transfer or niversity of Washington that is not pul		tion or other intellectual pro	perty developed at the
	'ill this activity result in the transfer or		e. databases, inventions or o	ther intellectual property
nc	et yet disclosed to the University of W	ashington?		• • •
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(26a)Yes <u>√</u> No W	fill you receive or do you anticipate re fill this activity require that you condu	ceiving research funding from	n the organization?	
	ill University of Washington facilities,		lovees students or other re	sources be used?
	Applicant (print)		iture	sources be used:
25 July 06	RAY H.LBORS	\mathcal{D}_{a}	1 Hills	
TO BE COMPLETED E	BY THE DEPARTMENT CHAIR	I/PROGRAM DIRECT	R:	·
30) Evaluation of Request	by Department Chair/Program Direct	or (select one, see instructions	for more information)	
Recommended	Not Recommended	Excluded for	om Policy (Sec. 5), Approva	Not Required
31) Date	Department Chair/Program Directo	or (print) Sig	dure	, , , , , , , , , , , , , , , , , , ,
		Tin Charles	X •	
TO BE COMPLETED B	Y THE DEAN/CHANCELLOR		Grand -	
32) Evaluation of Request b	by Dean/Chancellor (select one)			
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33) Date	Dean/Chancellor (print)	Signa		
3/10/06	Arthur R.M. No	well Am	7. ,	
	Y ACADEMIC HUMAN RESOL		<u> </u>	
	y Academic Human Resources (select			
Review Required by the		Required by the Provost	W	
	y the Provost (if necessary, select one)	, , ,		
✓ Recommended	Not Recommended	Eveludad fe	om Policy (Sec. 5), Approval	Not Required
36) Date	Academic Human Resources/Provos			
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ev. 3 June 2009; supercedes UW F	om 1460 Sherley	THIRK		
,				AUG 1 4 2001

3 Academic Human Reserve

AUG 1 4 2006

REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION

TO BE COMPLETED B	Y THE APPLICANT:	(2) Fire Niese		Academic Human Resource
(1) Last Name Hilborn		(2) First Name Ray		(3) Middle Initial
(4) Employee ID (not SSN)	(5) Campus Box #	(6) UW E-Mail		
866-007-575	355020	rayh@u		
(7) Job Class Code (optional)				
	Professor			
(9) Department/Program (if	· · · · · · · · · · · · · · · · · · ·	(10) College/School/C	ampus	
Aquatic and Fishery Scie		Ocean and Fishery		
(11) FTE Appointment (if pa		(12) Service		
✓ Full Time or Part	Time %		s or 12 months	
(13) Organization Name				
Exxon				
(14) Type of Organization (s	elect one)			
✓ Private: For-Profit	Private: Not-For-Profit	Public: Federal	Public: State	Public: Local
(15) Category of Activity (ch				
Professional/Private Prac	tice Performing Arts 🗸 Con	sultant Speaker	Board Member	Editor 🗸 Expert Witness
	Education Scientific/Technical/Expe			
	nge should fall within one academic year,			ys Requested for Activity
From (mm/dd/yyyy): 07/01/2	2006 To (mm/dd/yyyy):	06/30/2007	05	
(18) Provide a brief abstract	of the activities to be performed			
Prepare for possible role	as expert witness			
	or each question. If you answered Yes			
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or) Date	Department Chair/Program Director (print) Sign	ature	
O RE COMPLETED BY	THE DEAN/CHANCELLOR:		andlink	
	Dean/Chancellor (select one)		-	
Recommended	Not Recommended	Evaluated 6	rom Policy (Sec. 5), App	royal Not Poquing
	Dean/Chancellor (print)		ature	TOVALINOE REQUIRED
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Recommended 16) Date A	Not Recommended Academic Human Resources/Provost (om Policy (Sec. 5), Appr	roval Not Kequired
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8/17/6Ce	mistery P)	Unk		•

AUG 1 4 2006

) Last Name		(2) First Name		(3) Middle Initial
Hilborn		Ray		W
4) Employee ID (not SSN)	(5) Campus Box #	(6) UW E-Mail		
66-007-575	355020	rayh@u		
7) Job Class Code (optional)	(8) Job Title (Faculty Rank)			
	Professor	(10) 5 11 15 11 11		
Department/Program (if application)		(10) College/School/Ca		
Aquatic and Fishery Sciences	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ocean and Fishery 9		
1) FTE Appointment (if part tim				
Full Time or Part Time 3) Organization Name	<u>%</u>	▼ 9 months	or 12 months	
	ation of Southern Bluefin Tun	a		
4) Type of Organization (select				
	Private: Not-For-Profit	✓ Public: Federal	Public: State	Public: Local
5) Category of Activity (check a		- T done, T doctal	Toole. State	rubire, Eocar
	Performing Arts Const	ultant Speaker	Board Member Edito	r Expert Witness
Professional/Continuing Educa	ation ✓ Scientific/Technical/Exper	t Advisor Reviewe	Other:	angle of the least
	hould fall within one academic year, i		(17) Number of Days Req	uested for Activity
rom (mm/dd/yyyy): 07/01/2006			10	
8) Provide a brief abstract of the				
ttend meetings and review	scientific advice			
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REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION TO BE COMPLETED BY THE APPLICANT:

(1) Last Name		(2) First Name	· · · · · · · · · · · · · · · · · · ·	(3) Middle Initial
Hilborn		Ray	<u> </u>	W
(4) Employee ID (not SSN)	(5) Campus Box #	(6) UW E-Mail		
866-007-575	355020	rayh@u		200 100 200 100 1 1 1 1
(7) Job Class Code (optional)	(8) Job Title (Faculty Rank	<u>) </u>		
	Professor			
(9) Department/Program (if app	olicable)	(10) College/School/Ca		
Aquatic and Fishery Science		Ocean and Fishery		
(11) FTE Appointment (if part to	me, indicate percentage)	(12) Service F		
✓ Full Time or Part Tim	e %	✓ 9 months	or 12 months	
(13) Organization Name				
California Fisheries Coalitie				
(14) Type of Organization (select				
Private: For-Profit	✓ Private: Not-For-Profit	Public: Federal	Public: State	Public: Local
(15) Category of Activity (check				
1	e Performing Arts ✓ Co			Editor Expert Witness
	ucation Scientific/Technical/Exp			
	should fall within one academic yea			Requested for Activity
\	To (mm/dd/yyyy)	: 06/30/2006	05	<u> </u>
(18) Provide a brief abstract of			· · · · · · · · · · · · · · · · · · ·	
Evaluate and critique repor	t on Marine Protected Areas	in California		
(19-28) Answer Yes or No for	each question. If you answered Y	es to any question, you mus	t provide additional doc	Imentation on the next page
	, your spouse or significant other			
for whi	ch the work is to be performed?	•		-
	, your spouse or significant other	, or your children hold a ma	inagement position with	the organization for which the
	to be performed? , your spouse or significant other	or your children participat	e in the ongoing day-to-d	lay operations of the
organiz		, or your children participat	e in the ongoing day-to-c	ay operations of the
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	ity of Washington that is not pub s activity result in the transfer or		databases inventions o	r other intellectual property
	disclosed to the University of Wa		, damouses, miremons o	other interiectual property
(25a) Yes ✓ No Will thi	s activity result in the transfer or	use of intellectual property	obligated or licensed to	another entity?
(26a) — Yes ✓ No Will you	u receive or do you anticipate rec	eiving research funding from	n the organization?	
(2/a) fes <u>v</u> No Will Uni (28a) Yes √ No Will Un	s activity require that you conduc iversity of Washington facilities, e	t original research! Guinment computers empl	avees students or ather	resources he used?
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3/30/06 D	lavid Armstrong	(A)	and Units	<u> </u>
	HE DEAN/CHANCELLOR:			
(32) Evaluation of Request by De	an/Chancellor (select one)			
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ev. 3 June 2001; supercedes UW Form 1-	160	V		

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REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION TO BE COMPLETED BY THE APPLICANT:

(I) Last Name		(2) First Name		(3) Middle Initial
Hilborn		Ray		W
(4) Employee ID (not SSN)	(5) Campus Box #	(6) UW E-Mail		
866-007-575	355020	rayh@u		DEFEIVE
(7) Job Class Code (optional)	(8) Job Title (Faculty Rank)		Charles Services
	Professor			eau 6 5 2 9
(9) Department/Program (if app		(10) College/School/Ca		The second secon
Aquatic and Fishery Science		Ocean and Fishery		Arguania biling a line
(11) FTE Appointment (if part ti		(12) Service F		
✓ Full Time or Part Tim	e %	<u>✓</u> 9 months	or 12 months	
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✓ Private: For-Profit	Private: Not-For-Profit	Public: Federal	rubiic: State	Public: Local
(15) Category of Activity (check	Performing Arts \checkmark Co	neultant Speaker	Board Member Edito	r Evpart Witness
l 	cation Scientific/Technical/Exp			Expert vvidiess
	should fall within one academic year		(17) Number of Days Rec	uested for Activity
	6 To (mm/dd/yyyy)		05	
(18) Provide a brief abstract of t				
	evant to preparation for poss	ible lawsuit	***************************************	
(19-28) Answer Yes or No for e	each question. If you answered Y	es to any question, you mus	st provide additional documer	tation on the next page.
	, your spouse or significant other ch the work is to be performed?	, or your children have an c	ownership or deeper involven	ent with the organization
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Univers	ity of Washington that is not pub	licly available?	, detabases inventions or oth	or intellectual property
	s activity result in the transfer or disclosed to the University of Wi		e, databases, inventions or ou	ier intellectual property
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	David Armstron	ي ح	Zimy lunke	
TO BE COMPLETED BY T (32) Evaluation of Request by De				
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TO BE COMPLETED BY A	CADEMIC HUMAN RESOL	JRCES:	/W	
	ademic Human Resources (select			
Review Required by the Pro-	vost Review Not I	Required by the Provost		
(35) Evaluation of Request by the	Provost (if necessary, select one)			
Recommended	Not Recommended		om Policy (Sec. 5), Approval	Not Required
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Rev. 3 June 2005; supercedes UW Form 1	460	· ·		

3

Jeff Cheek

From:

Jeff Cheek [jcheek@u.washington.edu]

Sent:

Thursday, March 27, 2008 11:08 AM

To:

Ray Hilborn

Cc:

David A Armstrong

Subject:

RE: Your memo of March 26

Professor Hilborn:

I concur - I apologize if the memo confers otherwise as I did not mean to assess any blame or lack of responsibility on your part. I understand that not all of our investigators receive the information they need when they need it. Indeed, we at central administration need to take on the duty of providing faculty with essential information (such as that contained in GIM-10) in a more user-friendly format. The point I was trying to make is that all of us - department staff, investigators, administrators - need to be advised of the proper procedures, and I am here for consultation as need be. Thank you for your clarification, and I'll add your statement to the file for the record.

Jeff Cheek

Jeffrey M. Cheek, Ph.D.
Associate Vice Provost for Research Compliance & Operations University of Washington Office of Research Box 351202 Seattle, WA 98195-1202 (206) 543-6619
FAX (206) 685-9210

- > -----Original Message-----
- > From: Ray Hilborn [mailto:rayh@u.washington.edu]
- > Sent: Thursday, March 27, 2008 11:02 AM
- > To: Jeffrey M. Cheek
- > Cc: David A Armstrong
- > Subject: Your memo of March 26
- > Dear Dr. Cheek:
- > Thank you for your memo of 26 March regarding the SFI and the
- > sacramento chinook issue. For the record I would like to clarify that
- > prior to filling out the GC1 for this project I consulted my
- > department administrators about what constituted SFI and I was
- > advised, in error, that the proposed consulting did not constitute
- > SFI.
- > I did make every attempt to comply with the regulations to the best of
- > my knowledge.
- > Ray Hilborn
- > Professor
- >



UNIVERSITY OF WASHINGTON

March 26, 2008

CONFIDENTIAL

Dr. Ray Hilborn Dept. of Aquatics and Fishery Sciences Box 355020

Title:

Life history models of Sacramento River chinook salmon.

Sponsor:

R2 Resource Consultants

Identifiers:

OR #2008.14; OSP #A35505

Dear Dr. Hilborn:

This memorandum summarizes our review of the financial conflicts of interest questions related to the above-referenced ongoing research project, for which you were formerly the Principal Investigator (P.I.). The need for our review was in response to your original disclosure of a financial relationship with the sponsor and your role on the project as the P.I. We note that you have subsequently disclosed that you are no longer the P.I. on this project, as Dr. Andre Punt has assumed this role, and thus you no longer have a potential significant financial interest with respect to your original disclosure.

You originally disclosed that you would be working as a consultant for the sponsor during the active period of the project, although it was not clear from your disclosure whether your consulting activity was part of the research project or as part of an outside work obligation. We also note that while you did provide an estimate of the total number of days that you would engage in consulting for R2 Resource Consultants, you did not include the details of your compensation as required by GIM-10. Finally, we note that you did not disclose this significant financial interest in a timely manner as related to your ongoing research project (i.e., per the terms of GIM-10, investigators are supposed to seek approval prior to undertaking their research). We are not concerned that these omissions represent anything more than an oversight of the University's reporting requirements, nor do they factor into our determination of your lack of any significant financial interest for this project.

As you have more recently disclosed that you no longer have any role on this project, there is nothing that our Office needs to review in this case. I would like to stress that it is important for

March 26, 2008 Page Two

CONFIDENTIAL

investigators to comply with University requirements and that the University also complete its due diligence in oversight of conflicts of interest, especially when an investigator is simultaneously conducting outside or related work for the same sponsor. The point of emphasis is not so much compliance with University policy *per se*, but to protect the research project itself from any real or perceived biasing effect. If there are any questions that you or your colleagues have concerning the University's requirements and/or procedures in this regard, please do not hesitate to contact me directly.

Our determination of no significant financial interest on your part is based on our understanding of the facts as described above. If there is a material change in the facts or your financial interests, you are required to report them immediately to the University. In addition, all other relevant University policies and procedures will continue to apply. By copy of this letter, the Office of the Vice Provost for Academic Personnel and the Office of Sponsored Programs are being advised of this determination.

We appreciate your cooperation in assuring compliance with University policies, state statutes and federal regulations relative to conflicts of interest.

Sincerely,

Jeffrey M. Cheek

Associate Vice Provost for Research Compliance and Operations

cc:

Dr. David Armstrong

Vice Provost Cheryl Cameron

D.M. Club

Director Lynne Chronister, Office of Sponsored Programs

Jeff Cheek

From:

Ray Hilborn [rayh@u.washington.edu]

Sent:

Wednesday, March 19, 2008 4:26 PM

To:

Jeff Cheek

Subject:

Re: CONFIDENTIAL: SFI review for "Life history models of Sacramento River chinook

salmon"

I have dropped this project and am no longer the PI. Dr. Andre Punt is taking over the PI status and I now longer have any SFI.

Ray Hilborn

On Wed, 19 Mar 2008, Jeff Cheek wrote:

> Dear Professor Hilborn: I have received your GIM-10 disclosure of

> your financial interest with the sponsor of the above-noted project, R2 Resource Consultants. So that I may complete my review of your disclosure as detailed in the UW policy, please provide the following information (via reply email will suffice for the purposes of this review): 1. You have disclosed that you anticipate consulting for the same company for approximately 10 days total over the next year. Will you be compensated for this, and if so, what is the estimated total compensation you anticipate receiving? Also, have you been compensated by R2 Resource Consultants at any time during the previous 12 months before you began your current project? If so, please provide the total for this period as well. (The total and time period details are necessary to determine if your financial interests are "significant" per the definitions outlined in GIM-10). 2. What is/areyour role(s) as the P.I. on the project? Is there any overlap with the role you specify for your consulting activities? Your early email reply will facilitate completion of this review; thank you for your help and cooperation. Jeffrey M. Cheek, Ph.D. Associate Vice Provost for Research Compliance & Operations University of Washington Office of Research Box 351202 Seattle, WA 98195-1202 (206) 543-6619 FAX (206) 685-9210 This electronic message transmission contains information that may be confidential or legally protected. The information contained herein is only for the use of the person(s) to whom this communication is addressed. If you are not the intended recipient, please be aware that any disclosure, copying, distribution or use of this communication or the information contained herein is strictly prohibited. If you have received this electronic transmission in error, please notifyJeff Cheekat the above telephone number or email address immediately.

>

Jeff Cheek

From: Jeff Cheek [jcheek@u.washington.edu]
Sent: Wednesday, March 19, 2008 4:00 PM

To: Ray Hilborn

Subject: CONFIDENTIAL: SFI review for "Life history models of Sacramento River chinook salmon"

Dear Professor Hilborn:

I have received your GIM-10 disclosure of your financial interest with the sponsor of the above-noted project, R2 Resource Consultants. So that I may complete my review of your disclosure as detailed in the UW policy, please provide the following information (via reply email will suffice for the purposes of this review):

- 1. You have disclosed that you anticipate consulting for the same company for approximately 10 days total over the next year. Will you be compensated for this, and if so, what is the estimated total compensation you anticipate receiving? Also, have you been compensated by R2 Resource Consultants at any time during the previous 12 months before you began your current project? If so, please provide the total for this period as well. (The total and time period details are necessary to determine if your financial interests are "significant" per the definitions outlined in GIM-10).
- 2. What is/are your role(s) as the P.I. on the project? Is there any overlap with the role you specify for your consulting activities?

Your early email reply will facilitate completion of this review; thank you for your help and cooperation.

Jeffrey M. Cheek, Ph.D.
Associate Vice Provost for Research Compliance & Operations University of Washington
Office of Research
Box 351202
Seattle, WA 98195-1202
(206) 543-6619
FAX (206) 685-9210

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University of Washington Correspondence INTERDEPARTMENTAL OFFICE OF SPONSORED PROGRAMS, Box 354945

2.008.14

1/23/2008

Mary E. Lidstrom, Ph.D. Vice Provost for Research Office of Research Box 351237

Subject: Disclosure of Significant Financial Interest

Attached is a copy of a Significant Financial Interest Disclosure Form along with supporting information in a sealed envelope marked "confidential". Also attached are a copy of the Form eGC-1, and a copy of the grant application to which this disclosure relates. The pertinent identifier and reference information are as follows:

Name and department: Ray Hilborn, Organization 2620001000, SCH AQUATIC&FISHERY SC

Proposal title: Life history models of Sacramento River chinook salmon

Sponsor: R2 Resource Consultants Proposed start date: 10/1/2007

Proposal type: New eGC1 number: A35505

Proposal Status: Pending/Approved by OSP

After review of the disclosure by the Office of Research, I'll appreciate your advice as to whether it is appropriate for OSP to accept/consummate an award and any special conditions that should be observed in doing so.

Sincerely,

Jeff Cheek

Associate Vice Provost for Research Compliance & Operations

Associate Director Acting for Jeffrey Check

Office of Sponsored Programs

UNIVERSITY OF WASHINGTON SCHOOL OF AQUATIC AND FISHERY SCIENCES Box 355020 INTERDEPARTMENTAL

DATE:

January 22, 2008

TO:

Jan Signs

Office of Sponsored Programs

FROM:

Jessica Roshan Service

Associate Administrator of Finance

RE:

Significant Financial Interest Form Ray Hilborn – Principal Investigator

GC-1 #A35505

Attached is the Financial Disclosure Form for the above mentioned eGC1. Please note this was signed electronically by the PI since he is in New Zealand. The originally-signed copy is in the mail to us. The director signed this copy as well. You mentioned the review could begin with the electronic copy and I will notify you when the original arrives.

Please put a notation in the eGC1 that this proposal does have significant financial interest. The eGC1 was completed and approved without the Significant Financial Interest box marked YES, an oversight by the PI and departmental approver.

I have also attached a copy of the eGC1 and accompanying support documents for review.

Please contact me at 616-9521 or via email at <u>jroshan@u.washington.edu</u> if you have any questions.

As always, thanks for your help.

Enclosures

cc: file

JM

RECEIVED

JAN > 3 4008

OFFICE OF SPUNSUMED PROGRAMS

OR# 2008.14

University of Washington

GIM 10 Exhibit 1

Significant Financial Interest Disclosure Form

Instructions

Provide all information required in Parts I, II and III of this Significant Financial Interest Disclosure Form and obtain the recommending signatures indicated below. For detailed information on completing this form and the policy, procedures and definitions that apply, see GIM 10, Significant Financial Interest Disclosure Policy.

Part I - Disclosing Person
Name: KAY HILBORY
Name: RAY HILBORY School or College: COFS Department or Other Unit: SAFS
This information is being submitted in connection with (check only one):
Research (complete Part II-A only)
Part II-A - Research (to be completed by Investigator) Title: Professor
Sponsored Research or O_Non-Sponsored Research (check one only)
O_Human Subjects Research: O_Clinical Trial O_Non-Clinical Trial (check only if applicable)
Part II-B – Technology Transfer Transaction (to be completed by UW TechTransfer)
Title:
Name of Transferee:
Brief Description of Transaction:
Part III – Disclosures
I am disclosing all Significant Financial Interests, if any, of myself and my Immediate Family Members related to the matters described in Part II-A or Part II-B above (i) that would reasonably appear to be affected by such Research or Technology Transfer Transaction, and (ii) that are in an Entity that would reasonably appear to be affected by such Research or Technology Transfer Transaction. (Complete either A or B)
A – Disclosure of Significant Financial Interest
A detailed description of the nature and amount of all Significant Financial Interests is included in the attached envelope marked "Confidential" and addressed to the Vice Provost for Research and consists of one or more of the following:
Compensation Interest (consulting fees, salaries, honoraria, etc.) Equity Interest (stocks, options, share of profits, etc.) Intellectual Property Interest (royalties, license fees, etc.) Other Financial Interest (anything else of monetary or economic value)

B - No Disclosure Required

I have no Significant Financial Interest to disclose
I understand that the following are not considered Significant Financial Interests and are exempt from disclosure:
 salary and other forms of non-royalty and non-equity compensation paid by the University
 reasonable compensation paid by a public or nonprofit Entity in exchange for seminars, lectures or teaching engagements or for service on advisory committees or peer review panels
 for non-Human Subjects Research and Technology Transfer Transactions, Financial Interests where the total aggregate value thereof is less than \$10,000
 for non-Human Subjects Research and Technology Transfer Transactions, an Equity Interest representing less than a 5% ownership interest in an Entity (unless the value of the Equity Interest, either separately or aggregated with other Financial Interests, is greater than \$10,000)
 for Human Subjects Research that is not a Clinical Trial, Compensation Interests whose total value does not exceed \$5,000
I further agree:
to provide any additional information requested by the Office of Research
• to cooperate in the development of an appropriate Management Plan as required by the Office of Research
 during the period of any Research described in Part II-A above, to update this disclosure on an annual basis and to submit a disclosure of all new Financial Interests arising during the Research
to comply with all terms and conditions contained in any Management Plan
to take reasonable measures to ensure that any of my Financial Interests that are less than a Significant Financial Interest do not adversely influence any Research or any person involved in any Research in which I participate as an Investigator or any Technology Transfer Transaction
Signed: Can WW Date: 15 Jan 200 F
o ignal signature kequireu)
Recommendation for Approval
The undersigned have each reviewed the foregoing, but not any related confidential information provided to the Vice

Provost for Research, and recommend that the Research or Technology Transfer Transaction, as the case may be, be approved on condition that any potential Conflicts of Interest related thereto be eliminated, reduced or otherwise adequately managed.

Department/Unit Head:

School/College Dean:

Reset Form

INTEROFFICE MEMORANDUM SCHOOL OF AQUATIC AND FISHERY SCIENCES UNIVERSITY OF WASHINGTON

TO:

VICE-PROVOST FOR RESEARCH

FROM:

RAY HILBORN, PROFESSOR

SUBJECT:

DETAILS OF SIGNIFICANT FINANCIAL INTEREST

DATE:

1/16/2008

CC:

This project will support a post-doctoral fellow, Robert Lessard. I will be working as a consultant for the same company on the project, with an estimated 10 days time over the next year devoted to the project. My tasks will be primarily to attend meetings with the client in California and provide comment on the modelling work done by the overall project. When I filed the initial GC-1 for this project my departments administrative offices advised me that this relationship would not require a GIM-10 form and that explains the late date of filing.

Printable eGC1

Print | Close | Refresh

Approved

Form eGC1

UNIVERSITY OF WASHINGTON Request for Approval of Application for Grant or Contract

This application is routing electronically

Application Details

eGC1 number:

A35505

Full Application Title*:

Life history models of Sacramento River chinook salmon

Short title*:

Sacramento Chinook

Last completed timestamp:

10/08/2007 11:17 AM

Dates requested:

Start*: 10/1/2007 End*: 12/31/2008

Sponsor deadline*:

10/15/2007

Application type*:

New

Sponsor*:

R2 Resource Consultants

Organization Code receiving funding*:

Sch Aquatic&fishery Sc (Org Code: 2620001000) +

Principal Investigator*

Name:

Ray Hilborn

Budget

Indirect cost rate:

56%

Total direct costs: Total indirect costs: First period

Total (all periods) 114,874

64,329 0

179,203

Cost Sharing

Total costs:

Total cost sharing includes all amounts from UW sources (personnel and non-personnel), third party sources, and unrecovered indirect costs.

Total (all periods)

Total cost sharing:

UW Summary by Unit

The following table indicates the grand total of all UW personnel and non-personnel cost sharing amounts for each unit as indicated above. Third party (non-UW source) cost sharing is not included in this list.

Unit reviewers: by approving this application, you agree that your unit will contribute the appropriate amount as listed below.

Compliance Questions

Non-Governmental Applications

Page 2 of 10 A35505: Printable eGC1

NG-3. YES: Application involves flow-through funds

eGC1 Comments

The PI will serve as a consultant to the contracting party and all of his time on this project will be covered as a consultant.

These are flow-through funds. Originating sponsor is the Stete of California CALFED Bay-Delta Program.

The sponsor awarding UW funds is R2 Resource Consultants.

This application is routing electronically

Details

eGC1 number:

A35505

Full Application Title*:

Life history models of Sacramento River chinook salmon

Short title *:

Sacramento Chinook

Dates requested:

Start*:

10/1/2007

End*:

12/31/2008

Sponsor copies required:

Signed: 10/15/2007 1

Unsigned:

5

Sponsor deadline*: Date needed from OSP:

10/15/2007

Organization Code Receiving Funding* Help

Org Code receiving

funding:

Sch Aquatic&fishery Sc (Org Code: 2620001000) +

Box number for official

correspondence:

355020

Application Type Help

Application type*:

New

After the Fact application:

[NO] Check here if funding, or an award letter, has already been received from the

sponsor.

Project Details Help

Project type*:

Contract

Funding purpose*:

Research: Applied

International Projects*:

Central to the UWs vision of world-class excellence is the need to cultivate and nurture global connections through scholarship, research, and education. To assist

UW offices in planning for support of faculty projects in the international arena,

please answer the following question:

Is any portion of this project conducted internationally?

Sponsor* Help

Sponsor name:

R2 Resource Consultants

Sponsor type:

Private Industry

Address:

R2 Resource Consultants 15250 NE 95th Street Redmond, Washington 98052

Page 3 of 10 A35505: Printable eGC1

City, State, ZIP:

Redmond WA 98053

Country:

USA

Contact name: Contact phone: Noble Hendrix 425,556,1288

Contact email:

nhendrix@r2usa.com

Additional Information for Existing Application or Award (if applicable)

Please include the complete sponsor application or award number and current year/total years.

Sponsor number at UW: UW budget number:

(Previous eGC1 or GCS number(s), separated by commas.)

Previous eGC1 number(s):

This application is routing electronically

PI and Contacts

Principal Investigator *

Name:

Ray Hilborn (EIN: 866007575)

Selected unit:

Sch Aquatic&fishery Sc (Org Code: 2620001000) +

Title:

Professor

Academic home unit:

Sch Aquatic&fishery Sc (Org Code: 2620001000) +

UW box number*:

355020

Phone*:

206-543-3587 206-685-7471

Fax:

Cell Phone:

Pager:

Email*:

rayh@u.washington.edu

Alternate UW Contacts Help

Administrative Contact

Name:

Jessica L. Roshan (EIN: 877006544)

Selected unit:

Sch Aquatic&fishery Sc (Org Code: 2620001000) +

Title:

Manager Of Program Operations

Academic home unit:

Sch Aquatic&fishery Sc (Org Code: 2620001000) +

Phone*:

206-616-9521

Fax:

206-616-8689

Cell Phone:

Pager: Email*:

jroshan@u.washington.edu

Pre-Award Budget Contact

This application is routing electronically

Personnel

Name Ray Hilborn	EID 866007575	Role Type Principal Investigator	Selected UW Org Code Sch Aquatic&fishery Sc (Org Code: 2620001000)	Significant Financial Interest No
Robert B. Lessard	860004422	Key Personnel	Sch Aquatic&fishery Sc (Org Code: 2620001000)	No

This application is routing electronically

Abstract and RFA/RFP

UW Abstract*

This abstract should express the purpose and essence of the proposed activity *in language understandable to nonspecialists*. Classified information should not be included. These abstracts are relied upon heavily by those charged with explaining the University's research programs to the public and the state government. Therefore, the importance of preparing them carefully cannot be overemphasized.

This project will evaluate the impacts of management actions, particularly water diversions, on Sacramento River winter and spring run chinook salmon. The UW activity will consist of building computer simulation models of the salmon life history and the influence of habitat conditions on the survival of the salmon through their life. These models will be fit to the existing data to provide a tool to evaluate alternative management measures being considered.

Request for Application/Proposal or Program Announcement REA/REP/PA Number:

Title:

URL:

This application is routing electronically

Budget

For single-year budgets, enter all figures in the "Total (All Periods)" column only. List each budget item only once. Subcontracts should *not* be listed in the 03 category; instead, they should be listed individually in the Subcontracts section below.

FAS Object Code	Description	1st Period	Total (All Periods)
01	Salaries and Wages		85,372
02	Contract Personal Services		
03	Other Contractual Services		
04	Travel		3,696
05	Supplies and Materials		2,000
06	Equipment		
07	Retirement and Benefits		23,806
08	Student Aid		
38	Unallocated		

Page 5 of 10

A35505: Printable eGC1

Other Object Codes

Subcontracts

Subcontracts subtotal

0

0

Total direct costs

1st Period

Total (All Periods) 114,874

Indirect Costs

.

Total (All Periods)

Amount subject to indirect costs (base)

1st Period

114,874

For multiple indirect cost rates, enter "multiple" and provide details in supporting documents to reviewers. Indirect cost rate 56% (e.g., 55.5%)

Note that total indirect costs do not calculate automatically.

Total indirect costs

64,329

1st Period

Total (All Periods) 179,203

Total costs

This application is routing electronically

Cost Sharing

Cost Sharing Type(s)

Mandatory[NO]

Amount or percentage pledged:

Committed[NO]

Amount or percentage pledged:

Aggregate

Amount or percentage pledged:

(NSF only)[NO]

Personnel Cost Sharing Help

Cost Sharii

Cost Sharing Org Code Cost Sharing Org Code Name

Amount

Name Ray Hilborn

2620001000

Sch Aquatic&fishery Sc

Robert B. Lessard 2620001000

000 Sch Aquatic&fishery Sc

UW Cost Sharing (Other) Help

No non-personnel cost sharing currently entered.

Third Party Cost Sharing Help

No third party (non-UW source) cost sharing currently entered.

Total third party cost sharing: 0

Unrecovered Indirect Costs (if counted as Cost Sharing) Help

Unrecovered indirect cost amount (if counted as cost sharing):

UW Summary by Unit Help

No UW cost sharing data currently entered.

Total Cost Sharing

Total cost sharing includes all amounts from UW sources (personnel and non-personnel), third party sources, and unrecovered indirect costs.

Total cost sharing: 0

This application is routing electronically

Compliance Questions

All questions on this page must be answered for *all* applications (including all Non-Government questions, regardless of sponsor type). For questions answered "yes" on this page, explanations and additional information may be requested on the Explanations page.

Answers to these questions will be used to determine additional approvers, if necessary, during the routing process.

Financial and General Help

FG-1. Does this application commit UW funds for cost sharing, matching or program continuation?*	140
	No
	No
	No
FG-5. Does this application provide compensation for overtime, special premium, or other supplement to regular salary?*	No
	No
	No
FG-8. Does this application involve a UW interdisciplinary facility, service center or institute requiring additional approval?*	No
FG-9. Does this application require the review of organizations not otherwise identified on this application by the personnel involved, the organization receiving funding or the other Compliance	No

questions (for lab space, equipment, TBA personnel, joint appointments, etc.)?*

Security and Export Help

Federal law requires the University to obtain a license from the federal government before certain items may be transported outside the United States or certain information is shared with non-U.S. citizens. Your OSP representative will notify you if a license is required.

representative will notify you if a license is required.	
SEC-1. Will any items be transported outside the United States in connection with this project?*	No
SEC-2. Will this project potentially be subject to export regulation?*	No
SEC-3. Will this project require restriction on information, personnel or security classification?*	No
Non-Governmental Applications Help	
NG-1. Did a representative from the Office of Development (either College or Central Administration) provide assistance with this application?*	No
NG-2. Does this application have funding from a foreign source or foreign subsidiary entity?*	No
NG-3. Does this application involve flow-through funds?*	Yes
Environmental Health and Safety Help	
EHS-1. Will this project involve pathogenic agents Help , potential biohazards, recombinant DNA, human tissues or cells, hazardous materials in animal studies or highly toxic chemicals?*	No
EHS-2. Will this project involve the acquisition, possession, use, transfer or shipping of Select Agents Help, Exempted Select Agents or Toxins?*	No
EHS-3. Will the proposed project generate either hazardous wasteá Help without disposal options or mixed waste (both radioactive and hazardous components) or multi-hazard waste (biological and chemical and radioactive components)?*	No
EHS-4. Does the proposed project involve any of these specialized uses of radiation: transuranics, gaseous alpha-emitters, or intentional release of radionuclides to the atmosphere?*	No
Human Subjects and Stem Cells Help	
HS-1. Does this application involve the use of human subjects?*	No
HS-2. Will this research involve the use and/or creation of human embryonic stem cells?*	No
Animal Use Help	
AC-1. Does this application involve the use of vertebrate animals?*	No
many of the second seco	

Compliance Explanations

For Compliance Questions answered "yes", explanations and additional information may be requested.

This application is routing electronically

Non-Governmental Applications Help

NG-3. YES: Application involves flow-through funds Identify originating sponsor*:

Originating Sponsor Name: Originating Sponsor Type:

State of California Other State

This application is routing electronically

Attachments

Application Documents Information Help

PAPER DOCUMENTS: Will paper documents be submitted to OSP in support of this application after the eGC1 is completed for routing?*

OSP will begin the review process only AFTER these paper documents are received.

No

<u>SPONSOR DOCUMENTS:</u> Will sponsor documents be submitted electronically to the sponsor (Grants.gov, Fastlane, eRA Commons, other)?*

No

Documents to be Submitted to Sponsor Help

Provide one file with the entire application (in the correct order) that will be submitted to the sponsor; if appropriate, please provide a separate file containing only signature pages that require OSP ink signature. By providing this file the review time may be reduced and it will ensure that all paperwork is processed according to sponsor instructions.

No attachments have been associated

Internal Documents for OSP Help

Upload non-sponsor attachments that OSP and your division, department or school/college need to review.

De	scri	pti	on

Version File Name

Attached On

SOW and budget

1 Hilborn.pdf

10/8/2007 10:04:16 AM

Internal Documents for Dept/School/College Help

Upload attachments that only your division, department or school/college need to review. All other internal (non-sponsor) documents should up uploaded as "OSP" documents.

No attachments have been associated

Documents Uploaded by OSP Help

These documents are uploaded by OSP in support of or in reference to this application.

Description	

Version File Name

Attached On 2/1/2008

OSP approved application

1 SCAN323.pdf

10:01:54 AM 1/23/2008

A35505: SFI Cover Memo for APPLICATION: 35505

1 A35505: SFI Cover Memo.pdf

3:10:57 PM

This application is routing electronically

Certify, Complete and Print

Significant Financial Interest (SFI) Help

The PI affirms that all Investigators on the project have read the UW Investigator Significant Financial Interest Disclosure Policy for Sponsored Projects* YES and that the proposed project* DOES NOT require Investigators to complete the UW Significant Financial Interest Disclosure Form.

A35505: Printable eGC1 Page 10 of 10

If the proposed project requires any investigators or key personnel to complete the UW Significant Financial Interest Disclosure Form, this must be indicated *for each person* using the checkboxes in the personnel table on the Personnel page, and the SFI Disclosure Form must be completed and submitted according to the instructions in GIM 10.

Disbarment Statement

By submitting this application, the PI certifies that the PI and other Key Personnel (anyone involved in the design, conduct or reporting of the research) have not been debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any federal department or agency.

Escalation of PI Certification Help

Check the following only in exigent circumstances when the PI is in the field and unavailable to approve via the internet. This is not to be used as a routine convenience.

[NO] The PI is absent and is not able to complete or approve this application online. For information on approval of applications in the PI's absence, contact your department administrator or chair and read GIM 1 Section 1.B.1.

Additional Information Help

Any additional comments or instructions for UW reviewers:

The PI will serve as a consultant to the contracting party and all of his time on this project will be covered as a consultant.

These are flow-through funds. Originating sponsor is the Stete of California CALFED Bay-Delta Program.

The sponsor awarding UW funds is R2 Resource Consultants.

Print | Close | Refresh

	8/31/2002	6/1/1999	NATE OCEAN/ATMOS/ADMIN	PNCERS SALVION	622285 HILBURN, RAY	2003
	9/30/2002	10/1/2001	FOREIGN PRIVATE SOURCE	NEW ZEALAND CONTRACT	664674 HILBORN, RAY	2001
	9/30/2001	10/1/2000	FOREIGN PRIVATE SOURCE	NZ CONTRACT 2	663447 HILBORN, RAY	2001
	3/15/2001	9/1/1999	FOREIGN PRIVATE SOURCE	NZ CONTRACT	662409 HILBORN, RAY	2001
	3/31/2004	4/1/1997	ASSOC.CLUBS, ETC.	BRISTOL BAY - 3	638462 HILBORN, RAY	2001
	4/30/2002	5/1/2001	NATL OCEAN/ATMOS/ADMIN	Anadromous Sockeye	625603 HILBORN, RAY	2001
	4/30/2001	5/1/2000	NATL OCEAN/ATMOS/ADMIN	ANADROMOUS SOCKEYE	624477 HILBORN, RAY	2001
	9/30/2003	10/1/2000	NATL OCEAN/ATMOS/ADMIN	HIGH SEAS 3	624414 HILBORN, RAY	2001
	11/30/2001	5/1/1999	NATL OCEAN/ATMOS/ADMIN	RUN TIME SELECTION	622991 HILBORN, RAY	2001
	9/30/2000	10/1/1999	NATL OCEAN/ATMOS/ADMIN	HIGH SEAS 2	622775 HILBORN, RAY	2001
	4/30/2003	5/1/2002	NATL OCEAN/ATMOS/ADMIN	ANADROMOUS SOCKEYE	620100 HILBORN, RAY	2001
	5/31/2000	7/1/1997	NATL OCEAN/ATMOS/ADMIN	PNCERS SALMON	619896 HILBORN, RAY	2001
	12/31/2000	9/1/1998	NATL OCEAN/ATMOS/ADMIN	SG SOCKEYE MIGRATION	619268 HILBORN, RAY	2001
	1/31/1998	1/1/1997	NATL OCEAN/ATMOS/ADMIN	SG RESTORE SALMON	619210 HILBORN, RAY	2001
	2/28/2001	5/30/2000	OTHER STATES	PORT MOLLER 3	662703 HILBORN, RAY	1999
	1/31/2000	2/1/1999	OTHER STATES	PORT MOLLER 2	661187 HILBORN, RAY	1999
	8/31/2000	9/1/1997	FOREIGN GOVERNMENTS	NZ COMMERCIAL-HILBORN	639304 HILBORN, RAY	1999
	12/31/1997	7/15/1994	FOREIGN GOVERNMENTS	NZ COMMERCIAL-HILBORN	633067 HILBORN, RAY	1999
	8/31/2000	7/15/1994	FOREIGN GOVERNMENTS	NZ COMMERCIAL	633063 HILBORN, RAY	1999
	8/31/2001	6/1/2000	NATL OCEAN/ATMOS/ADMIN	GROUNDFISH-NMFS	624284 HILBORN, RAY	1999
	10/12/2000	4/12/2000	NATL OCEAN/ATMOS/ADMIN	SALMON DISASTER	623594 HILBORN, RAY	1999
	4/30/2000	5/1/1999	NATL OCEAN/ATMOS/ADMIN	ANADROMOUS SOCKEYE	622539 HILBORN, RAY	1999
	4/30/1999	7/1/1998	NATL OCEAN/ATMOS/ADMIN	ANADROMOUS SOCKEYE	621198 HILBORN, RAY	1999
	5/31/2000	2/1/1998	NATL OCEAN/ATMOS/ADMIN	IPA-WALLACE	620296 HILBORN, RAY	1999
	6/30/1999	10/1/1996	NATL OCEAN/ATMOS/ADMIN	CERP DEEPWATER TRAWL	618226 HILBORN, RAY	1999
	9/30/1999	10/1/1996	NATL OCEAN/ATMOS/ADMIN	HIGH SEAS	618159 HILBORN, RAY	1999
	6/30/1999	10/1/1995	NATL OCEAN/ATMOS/ADMIN	NMFS SABLEFISH	616521 HILBORN, RAY	1999
	12/31/1998	5/1/1993	NATL OCEAN/ATMOS/ADM	POLLOCK CODEND MESH	631838 HILBORN, RAY	1997
	1/31/1995	1/1/1993	NATL OCEAN/ATMOS/ADMIN	SG HATCHERIES	619014 HILBORN, RAY	1997
	3/31/1998	10/1/1996	NATL OCEAN/ATMOS/ADMIN	CERP INTERACTIONS	618239 HILBORN, RAY	1997
	2/28/1995	9/1/1993	NATL OCEAN/ATMOS/ADMIN	CERP93-03 HILBORN	613289 HILBORN, RAY	1997
	12/31/1994	7/15/1992	BUSINESS CONCERNS	NZ ROUGHY-HILBORN	631056 HILBORN, RAY	1995
	2/28/1994	3/10/1992	BUSINESS CONCERNS	NZ HOKI/HILBORN	630590 HILBORN, RAY W.	1993
	1/31/1993	2/1/1991	NATL OCEAN/ATMOS/ADMIN	SG-CODED WIRE TAG	628769 HILBORN, RAY W.	1993
	1/31/1993	1/1/1989	NATL OCEAN/ATMOS/ADMIN	SG-MANAGING ADAPTIVELY	628750 HILBORN, RAY W.	1993
	3/31/1994	9/1/1989	DEPARTMENT OF ENERGY	SALMON DATA	627825 HILBORN, RAY W.	1993
	7/1/1992	3/25/1990	FOUNDATIONS	HALIBUT MOVE II	656150 HILBORN, RAY W.	1991
	6/30/1989	9/9/1988	FOUNDATIONS	CWT COMPARISON	655665 HILBORN, RAY W.	1989
	7/31/1989	4/1/1988	FOUNDATIONS	HALIBUT MOVEMENT	655626 HILBORN, RAY W.	1989
Award Amount	Period End	Period Begin	Revenue Source	Budget Name	Budget PI Name	Biennium
	Current	Current				

\$136,934.50	12/31/2019	3/13/2002	MISC.PRIVATE SOURCES	HILBORN SURPLUS OFF	655060 HILBORN, RAY	2009 65
\$2,190,649.79	3/31/2013	4/1/1997	ASSOC.CLUBS, ETC.	BRISTOL BAY 3	638462 HILBORN, RAY	
\$115,256.04	11/30/2010	9/1/2009	NATL OCEAN/ATMOS/ADM	COASTAL CHINOOK MODEL	637549 HILBORN, RAY	2009 63
\$61,946.45	1/31/2013	7/30/2009	ASSOC.CLUBS, ETC.	FOREGONE HARVEST	635772 HILBORN, RAY	2009 63
\$35,947.99	11/30/2009	4/29/2008	SCHOOLS,COLLEGES,UNIV.	FINDING COMMON GROUND	634446 HILBORN, RAY	2009 63
\$90,327.66	12/31/2009	1/1/2008	SCHOOLS,COLLEGES,UNIV.	PEW ALASKA SALMON2 SUB	634344 HILBORN, RAY	2009 63
\$3,643,418.32	11/30/2011	6/1/2008	FOUNDATIONS	SALMON BIOCOMPLEXITY	634231 HILBORN, RAY	2009 63
\$38,180.58	12/31/2009	1/1/2008	SCHOOLS,COLLEGES,UNIV.	PEW ALASKA SALMON 2	634222 HILBORN, RAY	2009 63
\$6,538.39	12/31/2008	2/1/2008	ASSOC.CLUBS, ETC.	SEA URCHIN DATA	633868 HILBORN, RAY	2009 633
\$422,121.00	6/30/2011	5/1/1995	ASSOC.CLUBS, ETC.	CHIGNIK LAKES	633464 HILBORN, RAY	2009 633
\$227,761.00	1/31/2008	12/1/2003	NATL OCEAN/ATMOS/ADMIN	SG SPATIAL DYNAMICS	629452 HILBORN, RAY	2009 629
\$255,769.00	12/31/2011	8/1/2002	NATL OCEAN/ATMOS/ADMIN	TASK III-HILBORN-A	626987 HILBORN, RAY	2009 620
\$81,820.00	6/30/2012	7/1/2010	NATL OCEAN/ATMOS/ADMIN	TASK III PRODUCTIVITY	621541 HILBORN, RAY	2009 62:
\$309,460.00	7/31/2013	7/1/2010	NATL SCIENCE FOUNDATON	FISHING ECOSYSTEMS	620846 HILBORN, RAY	2009 620
\$90,000.00	4/30/2009	5/1/2006	NATL OCEAN/ATMOS/ADMIN	ANADROMOUS SOCKEYE	620004 HILBORN, RAY	2009 620
\$81,274.25	11/30/2008	6/16/2006	NATL OCEAN/ATMOS/ADMIN	COLUMBIA RIVER TRT	613756 HILBORN, RAY	2009 613
\$17,877.00	8/31/2009	9/1/2004	NATL SCIENCE FOUNDATON	BIOCOMPLEXITY REU	612049 HILBORN, RAY	2009 61
\$1,827,499.00	8/31/2010	9/1/2004	NATL SCIENCE FOUNDATON	NSF BIOCOMPLEXITY	610474 HILBORN, RAY	2009 610
\$58,640.00	6/30/2005	7/1/2001	NATL OCEAN/ATMOS/ADMIN	SG NMFS FELLOW	802313 HILBORN, RAY	2007 803
\$86,336.00	6/30/2007	6/1/2003	NATL OCEAN/ATMOS/ADMIN	NMFS FELLOW WARD	800281 HILBORN, RAY	2007 800
\$128,647.00	6/30/2007	7/1/2002	NATL OCEAN/ATMOS/ADMIN	NMFS FELLOW HALTUCH	800097 HILBORN, RAY	2007 800
\$851,929.00	7/15/2008	3/1/2005	FOUNDATIONS	MOORE SALMON MGT	669557 HILBORN, RAY	2007 669
\$1,574,076.37	7/15/2008	3/1/2005	FOUNDATIONS	MOORE SALMON	669536 HILBORN, RAY	2007 669
\$38,291.00	8/31/2007	11/1/2006	BUSINESS CONCERNS	NZ CONTRACT 2006-2007	631661 HILBORN, RAY	
\$59,550.00	6/30/2007	5/1/2006	ASSOC.CLUBS, ETC.	UW AYK SSI	630376 HILBORN, RAY	2007 630
\$90,000.00	4/30/2006	5/1/2003	NATL OCEAN/ATMOS/ADMIN	ANADROMOUS SOCKEYE	628901 HILBORN, RAY	2007 628
\$99,351.00	1/31/2007	6/10/2005	NATL OCEAN/ATMOS/ADMIN	NWFSC TRT MODELING	611832 HILBORN, RAY	2007 61:
\$32,033.12	8/31/2005	9/1/2004	ASSOC.CLUBS, ETC.	NZ CONTRACT 2004-2005	668759 HILBORN, RAY	2005 668
\$36,909.93	8/31/2004	9/15/2002	OTHER STATES	ADF&G ASSESSMENT	666205 HILBORN, RAY	2005 660
\$51,595.35	9/30/2005	9/25/2000	SCHOOLS,COLLEGES,UNIV.	ICELANDIC COD	663929 HILBORN, RAY	2005 663
\$28,092.26	8/31/2006	9/1/2005	FOREIGN PRIVATE SOURCE	NZ CONTRACT 2005-2006	660650 HILBORN, RAY	2005 660
\$65,464.86	6/30/2004	7/1/2003	FOREIGN PRIVATE SOURCE	NZ CONTRACT 15	666868 HILBORN, RAY	2003 660
\$42,637.38	9/30/2003	10/1/2002	FOREIGN PRIVATE SOURCE	NEW ZEALAND CONTRACT	665807 HILBORN, RAY	2003 66
	9/24/2003	9/25/2000	SCHOOLS,COLLEGES,UNIV.	CANCEL//////	663918 HILBORN, RAY	2003 663
\$90,000.00	4/30/2004	5/1/2001	OTHER STATES	PORT MOLLER	663900 HILBORN, RAY	2003 663
\$317,001.39	4/30/2003	5/1/1996	BUSINESS CONCERNS	ALASKA PENINSULA	637572 HILBORN, RAY	2003 63
\$27,041.65	12/31/2002	7/1/2002	NATL OCEAN/ATMOS/ADMIN	NMFS STATISTIS	626992 HILBORN, RAY	2003 620
\$46,167.64	9/30/2003	8/21/2001	NATL OCEAN/ATMOS/ADMIN	QUANT. ASSESSMENT	626429 HILBORN, RAY	2003 620
\$71,200.00	6/30/2003	.	FISH & WILDLIFE	NEWHALEN COUNTS	625352 HILBORN, RAY	2003 62
Award Amount	Period End	Period Begin	Revenue Source	Budget Name	get PI Name	Biennium Budget
	Current	Current				

	100/1000 1/01/001
6/1,	6/1/200
9/1,	9/1/200
1/1,	1/1/200
7/1,	7/1/201
6/15,	6/15/2005
7/1,	7/1/1989
Curre Period E	Current Current Period Begin Period End